# ESSAYS ON HUMANITARIAN EFFECTIVENESS

**The Humanitarian Affairs Team**
**Save the Children**

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Edited by Fernando Espada

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## About the Humanitarian Affairs Team

Established in 2012, the Humanitarian Affairs Team seeks to inform and support the development and implementation of Save the Children strategy, offer proposals to improve policy and practice within the organisation and across the humanitarian sector, and foster opportunities to translate these proposals into practicable plans of action. Housed in Save the Children UK's Humanitarian Department, the Humanitarian Affairs Team serves as a counterpoint to programmatic and technical expertise, providing insight into the conceptual and theoretical questions that underpin humanitarian practice.

# ACRONYMS

| | |
|---|---|
| **3N** | Nigeriens Nourish Nigeriens |
| **AADMER** | ASEAN's Agreement on Disaster Management and Emergency Response |
| **ACAPS** | Assessment Capacity Building |
| **ACF** | Action Against Hunger |
| **AIDA** | Association of International Development Agencies |
| **AIDS** | Acquired Immune Deficiency Syndrome |
| **ASEAN** | Association of Southeast Asian Nations |
| **CCC** | Community Care Centre |
| **CDC** | Centers for Diseases Control and Prevention |
| **CERF** | United Nations Central Emergency Response Fund |
| **COGAT** | Coordinator of Government Activities in the Territories |
| **CTL** | Counter-Terrorism Legislation |
| **DAC** | OECD's Development Assistance Committee |
| **DDRC** | District Disaster Relief Committees (Nepal) |
| **DepEd** | Department of Education (Government of the Philippines) |
| **DFID** | UK Department for International Development |
| **DPA** | Development Partnership Administration (India) |
| **DPP** | Disaster Preparedness and Prevention |
| **DRC** | Democratic Republic of the Congo |
| **DRR** | Disaster Risk Reduction |
| **DWSD** | Department of Social Welfare and Development (Government of the Philippines) |
| **ECB** | Emergency Capacity Building |
| **ECHO** | European Commission's Humanitarian Aid and Civil Protection Department (formerly the European Community Humanitarian Aid Office) |
| **ETU** | Ebola Treatment Unit |

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|---|---|---|---|---|
| **EU** | European Union | | **PHROC** | Palestinian Human Rights Organizations Council |
| **FAO** | Food and Agriculture Organisation | | **PLO** | Palestinian Liberation Organisation |
| **FSA** | Free Syrian Army | | **PNGO** | Palestinian Non-Governmental Organisation |
| **GAM** | Global Acute Malnutrition | | **SAARC** | South Asian Association for Regional Cooperation |
| **GNC** | (Palestinian) Government of National Consensus | | **SARC** | Syrian Arab Red Crescent |
| **GoP** | Government of the Philippines | | **SASCOF** | South Asian Climate Outlook Forum |
| **GRM** | Gaza Reconstruction Mechanism | | **SDRF** | State Disaster Response Force (India) |
| **HAT** | Humanitarian Affairs Team | | **SNGO** | Syrian Non-Governmental Organisation |
| **HCRI** | Humanitarian and Conflict Response Institute | | **UN** | United Nations |
| **HCTT** | Humanitarian Country Task Team (Bangladesh) | | **UNDP** | United Nations Development Programme |
| **HPC** | Higher Planning Council (Israeli Civil Administration) | | **UNISDR** | United Nations International Strategy for Disaster Risk Reduction |
| **ICA** | Israeli Civil Administration | | **UNMEER** | United Nations Mission for Ebola Emergency Response |
| **IFRC** | International Federation of the Red Cross and Red Crescent Societies | | **UNRWA** | United Nations Relief and Works Agency for Palestinian Refugees in the Near East |
| **IGO** | Inter-Governmental Organisation | | **USAID** | United States Agency for International Development |
| **IHL** | International Humanitarian Law | | **WFP** | World Food Programme |
| **IMS** | Incident Management System | | **WHS** | World Humanitarian Summit |
| **INGO** | International Non-Governmental Organisation | | **WHO** | World Health Organisation |
| **IS** | Islamic State | | | |
| **J&K** | Jammu and Kashmir | | | |
| **LTTE** | Liberation Tigers of Tamil Eelam | | | |
| **MSF** | Médecins Sans Frontières | | | |
| **NDRF** | National Disaster Response Force (India) | | | |
| **NDRMM** | SAARC's Natural Disaster Rapid Response Mechanism | | | |
| **NGO** | Non-Governmental Organisation | | | |
| **NDMA** | National Disaster Management Authority | | | |
| **NRC** | Nepalese Red Cross | | | |
| **NSAG** | Non-state Armed Groups | | | |
| **OCHA** | United Nations Office for the Coordination of Humanitarian Affairs | | | |
| **OECD** | Organisation for Economic Co-operation and Development | | | |
| **OECD-DAC** | Organisation for Economic Co-operation and Development's Development Assistance Committee | | | |
| **oPt** | occupied Palestinian territories | | | |
| **PA** | Palestinian Authority | | | |
| **PDC** | Community Development Plans | | | |

# FIVE STORIES ON HUMANITARIAN EFFECTIVENESS

Fernando Espada

The five essays that form this collection are the result of extensive desk and field research carried out in nine countries: Bangladesh, India, Nepal; Jordan, Lebanon, Turkey; Liberia; Niger; the Philippines. The essays – part of a project by Save The Children's Humanitarian Affairs Team, in partnership with the Humanitarian and Conflict Response Institute at the University of Manchester – analyse understandings of humanitarian effectiveness in different geographical, social and cultural contexts and their influence on how particular responses are shaped and assessed. The field research that resulted in the six essays here also informed the analysis contained in *The Echo Chamber*; these essays may be read as a complement to the latter, or as a stand-alone collection, or individually.

The decision of the Humanitarian Affairs Team to start working on humanitarian effectiveness, in July 2014, was partly opportunistic: the issue is part of the daily discussion at Save the Children and in the humanitarian sector as a whole, as the World Humanitarian Summit's choice of humanitarian effectiveness as one of its key topics demonstrates. But it is not merely a topical issue: the theme of humanitarian effectiveness has been central to humanitarian discourse since, at least, the mid-1990s. In our attempt to go beyond easy answers to a complex question, we decided to partner with the Humanitarian and Conflict Response Institute at the University of Manchester. *Essays on Humanitarian Effectiveness* and *The Echo Chamber* are the result of a year and half of intense work.

The first study was carried out between November and December 2014, in Bangladesh, India, and Nepal, following particularly intense floods across the three countries and Pakistan (a planned visit which had to be cancelled due to security concerns). The second study was conducted in the Philippines, between January and February 2015, to analyse the response to Typhoon Haiyan (locally known as Yolanda), one of the strongest typhoons on record.

In April and May 2015, field research was carried out in Lebanon, Turkey and Jordan, looking to understand the perspectives of humanitarian actors operating inside Syria and across its borders. In May 2015, research was carried out in Niger, addressing the context that humanitarian agencies define as slow-onset shocks, and local people simply see as 'good' and 'bad' years. The final field study analysed the international and local responses to the Ebola outbreak in Liberia; it was conducted in Monrovia, in May 2015.

The researchers used desk reviews, semi-structured and unstructured interviews with informants in capitals and field locations, focus groups with communities, and observation. Researchers sought to ensure appropriate representation of relevant communities (affected people, humanitarian workers, local officials, etc) and organisations (international, local, UN agencies, Red Cross, NGOs, governments, etc). The purpose of the interviews, focus groups, and the project as a whole was explained in advance to informants, with the guarantee that their contribution would remain anonymous. Although the research was not inductive, researchers were asked to allow space for the field research process to evolve, and to adapt, if necessary, the key themes that would then be addressed in the essays.

It is widely believed that humanitarian action is more effective today than in the past, thanks to the adoption and refinement of management processes, tools and techniques, and the professionalisation of humanitarian workers. Insofar as the humanitarian effectiveness agenda has not achieved success on its own terms, this is seen as evidence of the need for more of the same. However, as *The Echo Chamber* argues, the urge to identify and replicate 'what works' has transformed the humanitarian sector into a closed shop. A particular understanding of effectiveness, within the parameters set by Western actors, has been used without adequate consideration of either their own ideological motivations for such transformations or the demands and aspirations of people in crisis-affected countries. The confidence in management processes and the adoption of apparently neutral technical solutions – ignoring political, economic or social factors – reflects a reluctance among those providing assistance to share power with those on the receiving end. The objectives of humanitarian agencies, according to the criteria of efficiency, productivity and marketability characteristic of neomanagerialism, has become the priority. A self-referentialism has taken root in the humanitarian sector; management-speak has become a *lingua franca* for humanitarian workers that deters and delegitimises criticism from those who cannot or refuse to adopt it. Rationality and effectiveness have become the incontrovertible truths that conveniently privilege and protect the intellectual dominance of those agencies that already hold the power. Reform and improvement is encouraged, but also carefully limited to the boundaries of the humanitarian market-place.

In her analysis of the response to Typhoon Haiyan in 2014, Jessica Field reflects on the disconnect between the priorities set by humanitarian agencies, which overlooked everyday politics, and those of Filipinos. By reacting to the disaster as an exceptional event, rather than a momentous but 'everyday' disaster, and targeting individuals, rather than communities, in accordance with predetermined definitions of need and vulnerability, the agencies delivered assistance that was not always culturally appropriate. Rational methods to determine the best responses to identified needs failed to recognise that communities were demanding, for instance, equality in the distribution of assistance.

Such a deficit in understanding of political and social dynamics also hindered the effectiveness of the response to the Monsoon floods in Bangladesh, India and Nepal in 2014, my essay 'On Authority and Trust' concludes. Humanitarian agencies and local governments in the region speak radically different languages that widen the trust gap between them. In response to increasing attempts by South Asian governments to exert their authority over the response (relegating civil society organisations to a service provider role), humanitarian agencies react by focusing even more on short-term programmes and technical solutions, which ultimately make them accomplices of the bureaucratic structures that challenge their autonomy.

An exclusive focus on easy-to-deliver programmes that can achieve measurable results proves extremely convenient for donor governments seeking to prevent humanitarian agencies from taking undesirable risks in politically sensitive contexts. As Jessica Field explains in her essay about the response to the Syria crisis, complying with counter-terrorism legislation has taken precedence over any humanitarian consideration. Reporting programme activities and results to ensure no accidental link to any terrorist group becomes the priority of international humanitarian agencies and their local partners. Because of the risk aversion of donor governments, humanitarian agencies surrender their autonomy and distance themselves from those who they seek to support.

Distance can transform everyday realities into emergencies, when convenient. David Matyas identifies this process in Niger, a country considered to be in permanent 'state of exception'. Such exceptionality fits the ideal template for humanitarian agencies to appeal for funds, coordinate responses, and manage programmes. As a result, local perspectives of effectiveness that value the ability to stay in place or self-determination (as opposed to dependency) are dismissed.

In the same way, local capacities and priorities were bypassed in the response to the Ebola outbreak in Liberia, on the grounds of the unprecedented nature of the crisis, as I explain in my essay on the Ebola response in Liberia. Ignoring the repeated calls for assistance and then wrongly defining the outbreak as unprecedented, unexpected, and/or unmanageable, requiring a containment operation, excluded local people from ownership of the event and the response,

presenting them as passive victims or even vectors in the transmission of the disease. That this limited the humanitarian effectiveness of the response was proven by the fact that, when given information, resources and trust, Liberians were able to control the spread of the virus.

The essays do not follow a common structure, but share a goal: to tell a story about how effectiveness has been constructed, discussed, operationalised, or even imposed. As such, they are not exhaustive accounts of responses, or the activities of humanitarian agencies; they do not necessarily offer the type or sequence of information usually found in NGO reports. The authors were given the liberty to approach each context freely and follow a trail that might offer an original and valuable perspective on humanitarian effectiveness. We believed that that freedom, within the limits of professional integrity and research rigour, was the right approach for this project. We hope readers will agree.

We would like to thank the members of the Steering and Advisory Groups, as well as the dozens of informants who agreed to be interviewed, for their patience and invaluable contribution to this project. The content of this introduction and the six essays does not reflect the opinion of Save the Children UK. Responsibility for the information and views expressed in this publication lies entirely with the authors.

# LIBERIA
## The Humanitarian Context

Between 30 March 2014, when the first Ebola case was confirmed in Liberia, and 14 January 2016, when the country was declared free of the virus for the third time, 4,809 people died. Countless other people also suffered directly or indirectly from the deadliest Ebola outbreak on record, which also affected Guinea and Sierra Leone, where 2,536 and 3,956 deaths were reported respectively. The real figures will never be known, but might be much higher due to the number of infected people who were never diagnosed and those who died from other illnesses without access to treatment.

The World Health Organisation declared the Ebola epidemic in West Africa a public emergency of international concern in August 2014, and an ad-hoc international coordination and leadership structure, the United Nations Mission for Ebola Emergency Response – the first ever UN emergency health mission – was created (it closed down in July 2015). The US led the international response in Liberia, deploying thousands of soldiers there, and committed almost $2.4 billion to the response in West Africa as a whole – out of $3.62 billion of total humanitarian funding.

The exceptional spread of Ebola in West Africa – much larger than all previous epidemics, both in terms of geographical scope, morbidity and mortality – was attributed to a combination of factors. Among the most cited were high population mobility among densely populated cities, dysfunctional national healthcare services, initial reluctance among locals to accept that the outbreak was real, and cultural practices – such as traditional burials – that involved direct contact with those infected.

During the first months of the outbreak, the number of international actors in Liberia was very small; organisations such as Médecins Sans Frontières (MSF) made repeated calls for the drastic scale-up of resources. After the summer of 2014, the deployment of US military personnel and international organisations changed the response landscape; funding commitments increased exponentially. The priority was to two-fold: to stop transmission of the virus in Liberia, Sierra Leone and Guinea through outbreak control measures, and to prevent the spread of Ebola to neighbouring countries and outside West Africa.

After two relapses since the first Ebola-free declaration, Liberia now faces the challenge of recovering from the damage caused by the epidemic, while keeping a close eye on a virus that may have become endemic to the region.

**The un-ness of an emergency:
A reflection on the Ebola response in Liberia[1]**

Fernando Espada*

## Introduction

In 1983, Kenneth Hewitt, a geographer and environmentalist, argued that the idea of crises as manifestations of 'un-ness'[2] – unprecedented, unexpected, unpleasant, unimaginable, unmanageable, etc. – dominated how they were perceived and managed. As extraordinary events that belong in the 'un-ness' category, crises could only be dealt with by experts and managers using the latest technologies, while everyday human activities only made things worse. Thirty years after Hewitt exposed this techno-bureaucratic reductionism, the Ebola epidemic in West Africa was described using similar concepts of 'un-ness'.

According to these concepts, never before had Guinea, Liberia or Sierra Leone experienced an Ebola outbreak (unprecedented); nothing had signalled that Ebola could spread from remote areas of Central Africa to other locations (unexpected); with no treatment available, the Ebola virus was condemning thousands of people to a terrible death (unpleasant); contrary to previous outbreaks, this time the infection rates overwhelmed the efforts to control the virus (unmanageable); looking at the infection rates, the rapid spread of the virus in three countries and a number of cases internationally, fears rose of a global epidemic (unimaginable).

Some of these 'un-ness' categories might be applicable to the Ebola outbreak in West Africa, especially since it was the first time the virus had been detected in the region, and it spread rapidly from rural to urban areas and between the three countries. The others, as this paper shows, were artificially constructed, shaping the perception and response to the Ebola outbreak in West Africa in accordance with narratives familiar from other epidemics in different historical moments and contexts:

> Almost all epidemics were seen by contemporaries, for example, as being transmitted from person to person and as arising from particular, usually filthy, local conditions: notions of 'contagion' and 'miasma' of a

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more or less undefined kind, were combined. Again and again 'stench' lay at the root of the disease. Common social responses - and intellectual justification for them - followed from these assumptions. Flight from an infected place was usual, and had to be defended (or attacked) since it took people away from charitable, neighbourly or political duties. Carriers of disease were identified and scapegoats stigmatised: foreigners most often [...] since epidemic disease came from outside, but also inferiors, carriers of pollution of several kinds, among whom disease had its local roots - untouchables in India and ex-slaves in Africa, for example, or Jews at the time of the Black Death [...]. For their part, the inferiors themselves thought epidemics the consequence of plots by external enemies, or governors and elites, to 'poison' the poor.[3]

Therefore, neither the perception of nor the response to the Ebola outbreak in West Africa was unprecedented, but followed a well-known pattern that shaped the understanding of the emergency and the nature of the response – from national and international governments, humanitarian actors and individuals – as well as its timing and how its effectiveness was understood. This is not to say that the Ebola outbreak in West Africa was not exceptional. It was the largest and longest Ebola epidemic ever, due to the biological behaviour of the virus and also to a number of other factors. However, the *perfect storm* of 'dysfunctional health services as the result of decades of war, low public trust in government and Western medicine, traditional beliefs and even denials about the cause or existence of the virus, and burial practices that involve contact with contagious Ebola-infected corpses' referred to by Peter Piot – member of the team who discovered the virus in 1976 – is an insufficient explanation of the interplay of endogenous and exogenous factors involved.

Indeed, in order to build the epidemiological story of the outbreak in Liberia – the geographical focus of this report –, we need to connect the political, social and cultural factors of the country with a wider outbreak narrative: 'the paradigmatic story' that, according to Pricilla Wald, imagines threats and dangers, archetypes of carriers and victims, guilt, salvation and containment strategies. It is the combination of the two narratives that, as Wald argues, affects survival rates, determines infection channels, stigmatises or protects individuals, groups and societies, influences expert and popular understandings of the epidemic and defines priorities in the response.[4]

This report, based on desk and field research,[5] presents a critical reflection on the factors that prevented a more effective humanitarian response to the Ebola outbreak in Liberia, and on the issues that shaped understandings of the effectiveness of that response at the national and international levels. Both the intended scope of the research and issues of feasibility determined the level of the analysis, placing some limitations on what could be covered but also offering the opportunity to address issues that are often absent from NGO or United Nations reports. The report is neither a systematic analysis nor an evaluation of the effectiveness of the Ebola response in Liberia. Nonetheless, this paper looks at the response to the Ebola outbreak to try to understand the actions and also the omissions of international and national actors.

## Fearful safety

After almost three decades in which the development of antibiotics and vaccines 'greatly lessened the perceived threat of infectious diseases'[6] in Western countries, the AIDS pandemic of the mid-1980s initiated the 'second germ panic'[7] of the century. AIDS was not alone; as other infectious diseases which could potentially lead to deadly outbreaks 'emerged', reinforcing the germ panic. The Ebola virus, with no treatment available and very high mortality rates, soon became a staple of the popular anxiety around epidemics in Western countries. Nevertheless, the fact that Ebola outbreaks were confined to remote rural areas of Central Africa made the virus more interesting for writers of popular science and horror books than for public health officials in the US or Europe, at least during the first years.

As in the case of AIDS, popular awareness of Ebola was 'shaped by the publishing and entertainment industries',[8] exacerbating the perceived un-ness of the virus. As early as 1987, best-selling author of medical thrillers Robin Cook published *Outbreak*, the story of the efforts of a doctor working for the Centers for Diseases Control and Prevention (CDC) to control an Ebola outbreak in the US. In 1994, journalist Richard Preston published the best-seller *The Hot Zone: The Chilling True Story of an Ebola Outbreak* – 'one of the most horrifying things I'd ever read in my life',[9] according to Stephen King –, a non-fiction work that recreated apocalyptic scenarios of a disaster caused by an Ebola epidemic. One year later, the movie *Outbreak* (1995) adapted Preston's book to the big screen and ranked first in the US box office on its opening weekend.[10] In 1996, science journalist Laurie Garrett, author of *The Coming Plague: Newly Emerging Diseases in a World out of Balance* (1995), was awarded a Pulitzer Prize for a series of articles on the Ebola virus more informed but not less dramatic than Preston's *The Hot Zone*.

These are just a few examples of a long list of fiction and non-fiction works that built the 'epidemic of virus paranoia'[11] in little more than a decade. They presented Ebola (as they did with other emerging diseases) as an extremely deadly virus that might accidentally escape its *natural habitat* and reach the *civilised world*. They also represented Western doctors and soldiers as the only people fighting – and eventually defeating – Ebola, as opposed to Africans who were both powerless victims and involuntary accomplices of the virus. This distorted portrayal of Africans and Westerners was too common to be anecdotal, as the anthropologists Barry and Bonnie Hewlett explained:

Indigenous people's responses to Ebola are rarely mentioned, but when they are, images of ignorance, exoticism, and superstition emerge. The descriptions are seldom contextualised, and one is left with the feeling that an outbreak is controlled only through Western biomedical knowledge and technology, in spite of, not because of, the actions of local peoples.[12]

Such dramatised and inaccurate representations of the virus, compounded by the uncertainties of post-Cold War global society, fuelled the fear that an Ebola-infected person might take a flight from Kinshasa or Kampala to a Western city – as, according to the urban legend, it had happened when a gay flight attendant carried AIDS from Africa to the US[13] – 'taking advantage of new opportunities in a highly interconnected and mobile world'.[14] Conversely, the representation of Ebola as a virus that belonged among 'wild forests, poor African hospitals, bizarre cultural practices such as eating monkey meat and tribal rituals',[15] also made an outbreak in Europe or the US unthinkable for many.[16] Moreover, the virulence of Ebola, a disease that killed too fast to allow the infected person to have contact with large numbers of people (in contrast to AIDS), was for some the guarantee that only short-lived outbreaks, not epidemics, were to be feared even in Africa.[17]

The Ebola outbreak in Kikwit, Zaire (today, Democratic Republic of the Congo), in 1995[18] – the first to happen in a city – challenged the feeling of 'fearful safety', making international health authorities accept that the virus might reach urban settings and, potentially, travel outside Africa.[19] Public health experts insisted on the need to strengthen international surveillance systems able to detect outbreaks of emerging infectious diseases – not just Ebola – even in places where they had never been present before.[20] Interestingly, the focus would be on early detection and containment, not prevention. The idea resonated with US security officials, because of the increasing concern that terrorist groups and *rogue states* might use emerging infectious diseases as weapons. Bioterrorism became 'one of a number of asymmetric threats'.[21]

In the meantime, popular culture continued to reflect and nurture the uncertainty and anxiety of the post-Cold War world. The terrorist attacks of 11 September 2001 and the *War on Terror* gave rise to an increase in the number and audience of post-apocalyptic books, movies, comics, TV programmes and video games.[22] Of all the variations of catastrophic scenarios, the zombie apocalypse was and still is the favourite of readers, audiences and gamers. The *dead biters* whose only raison d'être is to transmit a virus to the alive are no longer relegated to B-movie circuits, pulp fiction or mass-market paperbacks: *The Walking Dead* is often the most watched TV programme on Sunday night in the US,[23] Brad Pitt featured as an UN official fighting the living dead in *World War Z, The Last of Us*[24] sold over 7 million copies and is one the more popular

games for PlayStation,[25] 25 million people downloaded the game *Plants vs. Zombies* – a parody of the genre – in only two weeks,[26] and there is even a popular fitness mobile application called *Zombies, Run!*. In these films, books and games, the most – if not the only – effective measures against the virus and the infected are containment and, as a last resort, a sacrificial isolation or even destruction of the affected areas.

In sum, the increasing fear of bioterrorism and the popular representation of emerging viruses as 'monsters without a face'[27] ran in parallel for almost three decades, creating the conditions for the securitisation of the response to Ebola outbreaks – as well as to other emerging infectious diseases. If the Ebola virus had *agency*[28] and no vaccine was available, the only option was to stop it on the ground through surveillance and containment measures. The international response to the Ebola epidemic in West Africa in 2014-2015 did not change that approach but put in place measures and resources commensurate to the perceived threat posed by an emergency of 'unthinkable' consequences. The *fearful safety* phase was over.

### Interlude

In April 1995, a patient diagnosed with a typhoid-associated abdominal perforation was transferred to Kikwit General Hospital in Zaire (today, the Democratic Republic of the Congo). Two days after the surgical procedure, the patient, – a technician of the Maternity Hospital in the same city – died. Several physicians and nurses who had treated the patient died days later. By mid-May, laboratory tests confirmed the presence of Ebola virus in all the samples analysed, including those from the patient treated in the General Hospital, the doctors and nurses who had contact with him, as well as several other staff members of the Maternity Hospital, whose cases had been originally misdiagnosed as epidemic dysentery. It was the third time Ebola cases had been diagnosed in Zaire since the 1970s and, more worryingly, the first time the virus appeared in a highly populated area.[29]

Neither the risk of the virus spreading to the capital – Kinshasa, a city of more than 4 million people, is only 500 km from Kikwit – nor the high number of Ebola cases, nor even the attention of international media after the death of 2 Italian nurses who worked in Kikwit General Hospital was enough to ensure that sufficient resources were allocated in time or appropriate protocols followed. As a report on the Médecins Sans Frontières (MSF) response explained, suspected cases were hospitalised in non-isolated areas of the General Hospital: 'the majority of patients were lying on the floor of the ward, and family members walked in and out'.[30] To make things worse, 'the staff (1 physician and 3 nurses), who had volunteered to care for the patients, were working without adequate protection'[31] and, therefore, were highly

exposed to the virus and prone to infecting their family members. MSF also found that 'the staff had not received salaries for months, the hospital was without running water or electricity, and no functional waste disposal system or latrines existed'.[32]

A committee of national and international experts was created to manage the outbreak, including the government of Zaire, the Congolese Red Cross, the World Health Organisation (WHO), the US Centers for Disease Control and Prevention (CDC) and MSF. No health surveillance system existed in Kikwit, so it was necessary to improvise, combining health workers and volunteers. Appropriate isolation measures were put in place in the General Hospital, and the few local healthcare workers in Kikwit were trained in Ebola treatment in one-day sessions and received their wages. A central data registry processed all the information collected by surveillance teams in Kikwit and the surrounding areas, who went door to door to identify probable cases. Home isolation was advised before patients could be referred to the General Hospital, and families of probable cases were trained on risk reduction measures, as well as being monitored themselves for 3 weeks after the last contact with the probable cases or sick relative.

As soon as the outbreak was publicised, some voices in Kikwit denied that Ebola was the cause of the deaths, while some families concealed potential Ebola cases for fear of stigmatisation. The Government of Zaire decided to ban travel between Kikwit and Kinshasa as a first measure to avoid the risk of Ebola travelling to the capital. It was reported that around 3,000 people were camped out at the final road-block without food, water or shelter for several days, raising criticism about the use of road-blocks and forced quarantines in tackling the outbreak.[33]

The arrival of the first health teams and protective equipment, as well as training for local healthcare providers and outreach (thousands of pamphlets explaining Ebola's symptoms and basic protection measures were distributed by the Congolese Red Cross in Kikwit), meant the beginning of the end of the epidemic in Kikwit. After protective equipment was distributed and the isolation ward in the General Hospital was operating, only three more healthcare workers were infected and no further cases were reported among burial workers. The last death was reported on 16 July. A total of 315 cases were identified, with 81 per cent fatality rate between 6 January and mid-July 1995. 25 per cent of all cases were physicians or nurses.

A review of the Ebola outbreak in Kikwit concluded that the virus had the potential to reach densely populated areas and, even more disturbingly, that there had been a '3-month latency between occurrence of the first case in Kikwit, in January 1995, and recognition of the outbreak despite the presence of classic disease with clear chains of transmission, multiple hospitalisations, and a very high case fatality rate'. The review went on to say that 'education and the use of personal protective equipment can rapidly interrupt ongoing

disease transmission' and, therefore, emphasised the importance of even 'rudimentary public health surveillance coupled with adherence to barrier-nursing precautions and infection-control practices'. The review also denounced the lack of preparedness of public health authorities to detect and prevent future large outbreaks, and declared that, 'while recognising that the general lack of facilities and infrastructure remains the paramount problem in dealing with this disease, we also need to provide "field-friendly" mechanisms prepositioned at regional sites for rapid identification of infected individuals to anticipate outbreaks'.[34] On a similar note, MSF considered that 'a major issue arising from this experience is the difficulty in controlling any severe disease outbreak in an area where the healthcare system is impaired and not functioning properly'.[35]

The Ebola outbreak in Kikwit not only demonstrated that the idea that the Ebola virus was naturally confined to remote bush areas had been unfounded, but also revealed the potential limitations of a response mechanism reliant on epidemic surveillance and external medical assistance. Unfortunately, those lessons were not learned then, and had to be re-taught twenty years later in West Africa.

### Patient zero[36]

On 2 August 2014, Dr. Kent Brantly, a physician who contracted Ebola while working in Liberia for the NGO Samaritan's Purse, was sent to a hospital in Atlanta, US. He was the first patient infected with Ebola to be treated on American soil. Only three days later, Nancy Writebol, a US missionary working in Liberia, tested positive for Ebola and was also flown to Atlanta. When Dr. Brantly and Mrs. Writebol were finally discharged from Emory University Hospital on 21 August, a total of 1,378 cases of Ebola virus disease and 694 deaths had already been reported in Liberia,[37] but only $19,550 million had been committed by the US government to the Ebola response in West Africa. However, the case of Dr. Brantly – who was willing to make frequent public appearances, unlike Mrs. Writebol – changed the way Ebola was perceived in the US, transforming the outbreak from a distant emergency into a threat to the country. Indeed, the analysis of the media coverage of the Ebola outbreak in West Africa shows a considerable surge in the number of articles in print and online media, newswire stories, broadcast segments and tweets after Dr. Brantly was evacuated to the US.[38] Similarly, a poll conducted by the Harvard School of Public Health in mid-August concluded that 39% of Americans were concerned that there would be a large Ebola outbreak in the US within the next 12 months.[39] As one interviewee in Monrovia said, 'Kent Brantly was patient zero' for the US, the country that led and funded the bulk of the response to the Ebola outbreak in Liberia.

Of course, it would not be fair to explain the US government's decisions on the Ebola outbreak by considering just one factor, especially given that, days after Dr. Brantly arrived in the US, the WHO declared the epidemic in West Africa 'a public health emergency of international concern'.[40] However, the impact both symbolic and practical of Brantly's infection and treatment in the US was certainly major in that it materialised the fear of Ebola directly threatening the country. The response, as President Barack Obama explained in an interview to NBC on 7 September 2014, would aim to protect the American people through biosecurity measures:[41]

> [It's going to be a US effort] as usual. And we're going to have to get US military assets just to set up, for example isolation units and equipment there, to provide security for public health workers surging from around the world. If we do that, then it's still going to be months before this problem is controllable in Africa. But it shouldn't reach our shores. Now, here's the last point I'm going to make. If we don't make that effort now, and this spreads not just through Africa but other parts of the world, there's the prospect then that the virus mutates. It becomes more easily transmittable. And then it could be a serious danger to the United States.[42]

Eric Duncan, a Liberian visiting his relatives in the US, went to the Health Presbyterian Hospital in Dallas on 25 September 2014. He was suffering from fever, abdominal pain, dizziness and nausea. The doctors prescribed Duncan antibiotics and sent him home. Two days later, he came back to the hospital, but this time he was diagnosed with Ebola. Eric Duncan died on 8 October becoming the 'first laboratory-confirmed case of Ebola to be diagnosed in the United States'.[43] Two healthcare workers of the Health Presbyterian Hospital who provided care for Duncan tested positive for Ebola. One of them had taken a flight from Dallas to Cleveland, so the US health authorities traced all passengers and crew and put them on a 21-day monitoring period. Both nurses recovered and no Ebola cases were identified among the passengers of the flight.[44] Meanwhile, President Obama raised the rhetorical stakes by defining the outbreak as 'a growing threat to regional and global security'[45] during a meeting on Ebola at the UN.

Shortly after the virus had 'reached US shores' the US Department of Defense announced the deployment of up to 4,000 troops to Liberia to 'combat Ebola'.[46] By that time, two testing laboratories managed by the US Naval Medical Research Centre, with capacity to process 100 samples daily, were already functioning in Liberia. However, the Department of Defense made clear that 'our operations remain focused on four lines of effort: command and control, logistics support, training, and engineering support',[47]

rather than on the health response itself. US Senator Rand Paul of Kentucky reacted to the announcement by accusing the White House and the experts of underestimating the threat of Ebola to the US: 'Can you imagine if a whole ship full of our soldiers catch Ebola?'[48] General John F. Kelly, chief of the US Southern Command, even said, 'there is no way we can keep Ebola [contained] in West Africa',[49] and warned of the possibility of Ebola reaching Haiti and Central America and provoking a mass migration of people crossing the US-Mexico border in trying to escape the virus or seeking medical treatment.

By the end of October 2014, when President Obama had appointed Ron Klain as *Ebola Czar*, and the US Government had committed $350 million to fighting the outbreak in West Africa, with plans to build at least 17 100-bed Ebola treatment units (ETUs) across Liberia,[50] a total of 4,665 cases[51] of Ebola and 2,705 deaths had already been reported in the country.

The militarisation of the response to the Ebola epidemic in West Africa (following the US, the United Kingdom announced that hundreds of troops, helicopters and a ship would be sent to Sierra Leone,[52] and France confirmed that its army would build a hospital in Guinea[53]) was coherent with the securitisation trend that had dominated the international approach to emerging infectious diseases since the 1980s. If the Ebola epidemic were a global security threat – even though no evidence of direct connection between modern epidemics and global security has yet been found[54] – then the US Army, with its $650 billion-per-year running costs to justify, and its British and French counterparts (the former colonial policemen of Sierra Leone and Guinea) were the obvious choices to respond to the 'un-ness' of the emergency in West Africa, before it spread to the rest of the world.

MSF did not contradict that choice. In a speech delivered to the UN on 2 September 2014, Dr. Joanne Liu, president of MSF, requested a massive deployment of specialised medical units with expertise in biological threats in West Africa.[55] The medical humanitarian NGO justified this call on the grounds that 'fear of the unknown and lack of expertise in Ebola paralysed most aid agencies and donors',[56] leaving MSF as virtually the only organisation responding to the outbreak on the ground. However, as Kristin Sandvik pointed out, MSF's call also 'rationalised and re-emphasised the global public understanding of Ebola as an existential threat, where a military response had become the last straw [*sic*] after the failure of the international community and civil society.'[57]

### Fear management

On 30 July 2014, President Ellen Johnson Sirleaf of Liberia issued a statement declaring a state of emergency: all non-essential government staff would be placed on a 30-day compulsory leave, 1 August would be a non-working day

to allow for disinfection of all public facilities, all schools and markets would close, public amusement and entertainment centres were to be avoided, quarantines would be put in place when deemed necessary, cremation of all Ebola victims would be considered, and members of the government would restrict their international travel unless absolutely critical. The security forces were to enforce these measures.

The President of Liberia also expressed her gratitude to MSF and Samaritan's Purse for their efforts to reduce the impact of the epidemic, and to the Centers for Disease Control and the National Institute of Health of the United States for their technical support. It was not a very long list of organisations to be grateful to considering that 391 Ebola cases (109 confirmed, 181 probable, and 101 suspected), including 227 deaths, had been reported in Liberia by that date.

Samaritan's Purse decided to evacuate all of its personnel and hand over all of its operations in Liberia to MSF, after Dr. Brantly was infected with Ebola and repatriated to the US. Samaritan's Purse was not an exception. In fact, most international aid organisations, embassies and companies withdrew their international staff, in some cases closing offices and halting programmes in Liberia. British Airways, Delta Airlines and Kenya Airways had cancelled their operations by mid-August, and of the few Liberians who could afford to pay the high fares of Brussels Airlines or Royal Air Maroc – the only international airlines still flying to and from Monrovia – many left the country. The impact of this massive flight on the people of Liberia was bound to be devastating. President Johnson Sirleaf closed her statement with a direct appeal to citizens:

> Finally, my fellow Liberians, Ebola is real. Ebola is contagious. And Ebola kills. All of us must all take extra measures announced by the Ministry of Health to keep ourselves safe. The government will do its part. But you must do yours. Denying that the disease exists is not doing your part to keep yourself and your loved ones safe. Hiding sick persons is not doing your part to keep yourself and your loved ones safe. Ignoring the signs and not reporting it to the health care authorities are not the ways by which we keep ourselves safe.[58]

Ignorance, carelessness and superstition were repeatedly suggested as factors fuelling the spread of the virus in Liberia, Guinea and Sierra Leone and reducing the effectiveness of the medical response.[59] Could significant numbers of Liberians deny the existence of Ebola in their country even when people were dying in the streets? Were they so careless and superstitious as to ignore what was happening in front of them? Three interlinked factors should be taken into account in order to explain the attitude of Liberians during the

first weeks of the outbreak: denial of disease, lack of trust in the health services and, linked to this factor, lack of trust in the government and the authorities. In any case, none of these were uncommon, unprecedented or unexpected in an epidemic.

Denial of disease has been extensively studied and documented in medical literature and is considered a common reaction in order to cope psychologically with life-threatening health conditions. Similar to the *five stages of grief*,[60] there are five patterns of response to serious illnesses: seeking or using social support, focusing on the positive, distancing, cognitive escape-avoidance, and behavioural escape-avoidance.[61] *Distancing* (namely, refusing to think about it, going on as if it is not happening, trying to forget the whole thing, etc.) is the most common strategy, whereas *cognitive escape avoidance* (for example, hoping a miracle might happen, wishing the situation would go away or be over, going along with fate, etc.) has been attributed to patients with less education, greater religiosity, and recurrent diseases.[62]

Individual and community reactions to Ebola outbreaks are not exceptional in this respect, and before 2014 showed denial patterns similar to other illnesses and epidemics. Distancing and behavioural and cognitive escape-avoidance patterns were identified in a survey conducted with survivors of the 1995 Ebola outbreak in Kikwit, Zaire.[63] Before the diagnosis only 32 per cent of respondents suspected an Ebola infection when the first symptoms appeared; half of the survivors were afraid of being seriously ill and 47 per cent denied that possibility; while 80 per cent communicated their anxiety to a family member or a friend, 35 per cent tried to escape and 21 per cent were afraid of being accused by neighbours or even felt shame. During the acute phase of the illness almost all patients experienced fear. Some of them were afraid of the suffering (56 per cent), of dying (53 per cent) and of being separated from their families (41 per cent). Only 9 per cent downplayed their symptoms when asked by healthcare personnel.

While denial of Ebola was certainly a factor during the first weeks of the outbreak in Liberia, its importance was overplayed as an explanation for the spread of the virus. In fact, evidence shows that people's learning about the Ebola virus during the first two weeks of the declaration of a state of emergency in Liberia was significant.[64] Rather than denial, there was a consistent demand for accurate and practical information that neither the Government of Liberia nor international actors were able to provide during the first weeks of the outbreak. Moreover, misleading public health campaigns inculcated 'anxiety and relayed inaccurate information or guidance at a time of critical social learning'.[65]

Another factor in the social context in which the Ebola outbreak occurred was the trust, or lack thereof, in public health services. This was a problem that existed before 2014 and that the Ebola outbreak made even more obvious. Suddenly, Liberians were told to trust blindly in a healthcare system that had

never had the capacity to provide appropriate healthcare before, and that, unsurprisingly, was overwhelmed by the outbreak.[66] Was going to a hospital or treatment centre after the first onset of symptoms the rational choice? Could Liberians be blamed for not trusting a low-quality healthcare system when doctors and nurses – even international staff – were being infected by the virus themselves?[67]

For decades, researchers have tried to understand trust relationships between doctors and patients as a way not only to improve the quality of care provided but also to guide public health decisions. The *Trust in Physician Scale*[68] is one of several tools that assess the doctor-patient relationship. Using eleven sentences,[69] some positive and some negative in judgement, the scale determines to what extent patients trust their physician. These eleven points refer to five dimensions of trust that can be found in other models: technical and interpersonal competence of the physician; fiduciary responsibility and agency; control; disclosure; and confidentiality.[70] The issue of doctor-patient interpersonal relationships cannot fully be grasped without also considering the social dimension. If interpersonal trust refers to 'the trust built through repeated interactions through which expectations about a person's trustworthy behaviour can be tested over time',[71] then 'any consideration of patients' interpersonal trust in physicians must take into account the general atmosphere of social trust in health care institutions'.[72] What was the level of social trust in health care institutions in Liberia before the outbreak? Despite the efforts to rebuild the health system to pre-civil-war levels,[73] looking at the extremely low numbers of health workforce, hospitals, and hospital beds per inhabitant,[74] we can only assume that social trust in health care institutions was low. As the director of a Liberian NGO said, 'even now [May 2015, when the country had been declared Ebola-free] I wouldn't know where to go if I get sick, because I don't trust healthcare here'.

For readers in developed countries, the points comprising the *Trust in Physician Scale* may resonate with normal expectations of service in a clinic, an emergency room, or a hospital, as basic requirements in deciding whether to follow public health authorities' advice. Unfortunately, none of those points of trust were part of the daily life of Liberians before and, needless to say, during the Ebola outbreak. So what were the chances of a medical response to an epidemic being effective in a context of deep mistrust between patients and healthcare services? Was it really unexpected that many Liberians were reluctant to seek treatment in the few hospitals and clinics that remained operational in the summer of 2014?

The need to reduce the risk of transmission between patients and healthcare personnel, due to the highly contagious nature of the Ebola virus, widened the trust gap. For many months the main contact Liberians had with healthcare was through 'no-choice' or even authoritarian measures,[75] such as quarantines, curfews, isolation, or cremations. While all interviewees in Liberia agreed that exceptional measures were needed to tackle the outbreak, many expressed their reservations about how several aspects of the response were managed. For example, Liberian interviewees complained about the way Ebola treatment units (ETUs) were designed, with spaces of exclusion between patients and their families admitting no possibility of communication, even visual, between them.[76] As the director of a Liberian NGO said, 'if community leaders had been invited to visit ETUs to see how people were being treated, popular mistrust would have rapidly decreased'. Regardless of the feasibility of such a measure, the fact was that failures in the management of information about patients, referrals, and deaths reinforced the popular mistrust and the perception of ETUs as dangerous places, to be avoided.[77]

Lack of trust in the government and the state authorities is the third factor in the context of the Ebola outbreak in Liberia that must be appreciated. During the first weeks of the outbreak, a significant segment of the population thought that the government was exaggerating the Ebola threat in order to get US money, or simply paid no attention to the warnings coming from Monrovia.[78] Even if Ebola was real in Liberia, why should people follow the instructions of the government? While conspiracy theories played a role in creating resistance to the government's instructions, it would be unfair to put the emphasis on that factor alone and forget the history of conflict, exploitation, poverty and social exclusion in Liberia. As one Liberian working for an NGO said, 'we all thought Ebola was the excuse for the government to try to convince the US to give them more money'. Even when people accepted Ebola was real, many still believed that the 'Ebola money' was the main motivation behind the government's decisions.

Even after communities in Liberia started to accept that Ebola was real, they still lacked the information and the resources to react. Reports and interviews conducted in Liberia for this study confirmed the frustration of communities during the first weeks of the outbreak at the limited information they received. An interviewee explained a common complaint: 'the government just kept telling us that Ebola was real and how to identify the symptoms, but we already knew that! What we wanted to know was what we had to do if somebody in our family was infected. There were no ambulances, nobody answered our calls, and we had no idea about what to do'.

What kind of information did people request in Liberia? According to interviews in Monrovia and other reports, people demanded information on how to take care of sick people, isolation measures, quarantine management, how to administer community-based holding centres, how to transport sick people safely, how to isolate and bury corpses when burial teams were not available, personal and household hygiene measures, use of protective equipment and appropriate ways to disinfect their homes.[79] Contrary to the perception of Western media, of individuals and communities reluctant to change behaviours,[80] communities and individuals demanded the information

and resources needed to effectively protect themselves and do their part in tackling the outbreak.

Asked why public information about Ebola was so limited in Liberia between April, when the Ebola virus arrived in Monrovia, and the peak of the outbreak in August, most respondents assumed that fear had also paralysed the government, which simply did not know what to do either. Others believed that international health organisations had feared that more complete information would have led to individuals taking more risks in, for example, providing assistance to relatives and friends, when the 'don't touch' approach was the most effective to limit the spread of the virus. Nevertheless, as all Liberians interviewed for this research confirmed, local people felt that while the 'don't touch' policy might be effective in stopping the outbreak, it would not save their lives.

The fact was that with the exit of Samaritan's Purse, MSF was the only international organisation treating Ebola patients in Liberia, with its capacity clearly overstretched,[81] and the government's National Task Force on Ebola could only watch the increase in the number of cases across the country. In fact, in August the government decided to impose quarantine in West Point, a shanty town of 70,000 people in Monrovia. The Government justified the quarantine as an appropriate measure to control the spread of the virus in the capital,[82] although there is no conclusive evidence of the effectiveness of such measures,[83] while their negative impact on food and water security, access to employment, and stigmatisation has been documented.[84] Several interviewees agreed that quarantines were probably the only measure the Liberian authorities felt they could put in place to show they were in command: 'since they have armies more elaborate than their healthcare systems, they used the army'.[85] The quarantine in West Point ended after ten days of clashes with the police, amid concerns about human rights violations.[86] From September 2014, the Government progressively abandoned forced quarantines, negotiating 'self-quarantines' with communities.[87]

Between July and August, the CDC helped the Liberian Government set up the Incident Management System (IMS). The IMS in Liberia followed a model developed to respond to incidents throughout the US, centralising the overall emergency response, including the command, operations, logistics, planning, finance and administrative functions, as well as the scientific and public health response roles.[88] According to government sources, the IMS was not operational until September, but from that moment the authorities began to feel they were overcoming the fear and taking the first steps to control the situation.

Between July and August, communities in Liberia also began to overcome the paralysis of fear and to react. Even before the bulk of international assistance arrived in Liberia, communities began to mobilise. Kriterion Monrovia,[89] Flomo Theatre,[90] and the Liberian CSO Taskforce on Ebola[91] are good examples of the many Liberian grassroots organisations with no expertise in health or emergency response that took a step forward and started to work while most UN agencies, international NGOs, and donors were still in planning mode. Through awareness campaigns, radio soap operas, film screenings and theatre performances explaining not only how Ebola was transmitted and the risk of the virus, but also how to take care of sick people and the chances of survival, these organisations reached hundreds of communities before international organisations approached them. The messages of fear were transformed into positive messages of healing and empowerment. This work, which started as early as August 2014, was done by hundreds of students travelling from the capital to rural areas in rental buses after a basic training on Ebola, and thousands of volunteers in the communities. Community organisations also distributed food, water or chlorine donated by the government or individuals, and also helped contact tracing teams. One Liberian working for a grassroots organisation expressed what its staff found outside Monrovia, and what they managed to accomplish:

> In most of the communities we visited, people told us they had never seen a single health worker. They didn't have the slightest idea about what was going on, apart from the alarmist messages they listened to on the radio. They felt abandoned, scared and angry. We gave them a space to talk about how they felt and their concerns. We showed that it was possible to travel to even the most remote areas and work with the communities. Not a single volunteer was ever infected. That tells you a lot about the value of information and clear procedures. In August, MSF scaled up considerably the number of Ebola patients it could treat, adding 60 beds to its centre in Foya, Lofa County, and opening the largest treatment centre in Monrovia, with a capacity of up to 250 beds. In mid-September, two new ETUs were opened, one in Bong county – built by Save the Children and managed by International Medical Corps – and one in Monrovia – a 120-bed clinic built by the Ministry of Health in collaboration with WHO. Nevertheless, the number of patients still largely exceeded the capacity of the ETUs in Liberia. Some believed this showed the infection rate was still going up, while for others, the rise in diagnosed cases evidenced that Liberians had finally overcome their fear and mistrust, and were seeking assistance. Perhaps, the awareness campaigns were bearing fruit.

In the meantime, UN agencies and international NGOs also had to manage their own fear. Even the most experienced humanitarian workers were not immune to the fear of infection and their organisations struggled during the summer of 2014 to assess the potential reputational and security risks of their

participation in the response. For those organisations that eventually decided to respond on the ground, the challenge was not only to fill the positions,[92] but also to manage the high international staff turnover[93] and the consequences of deploying 'less experienced staff'.[94]

In addition to the direct threat of the Ebola outbreak in West Africa and the direct threat to humanitarian personnel, the virus arrived in Liberia at a time when, as several representatives of UN agencies and international organisations confirmed, humanitarian actors were downsizing their operations in the country and in some cases closing their offices. 'Uncertainty dominated the first months of the outbreak', as expressed by a UN official in Monrovia, if only because most international aid organisations did not have health expertise in country and their regular programmes were suspended. The humanitarian director of an international NGO in Liberia acknowledged that 'even the most experienced people in the organisation did not have the collective memory of how to respond to an epidemic, so we had difficulties in understanding which was our place in Liberia'. Not only the risks to the safety of the staff but also reputational risks were common concerns among international organisations in Liberia until the end of summer 2014. But then something changed, as explained by an interviewee working for an international NGO in Monrovia at the time:

> We were still discussing internally if we should close the country of-
> fice when our biggest donors started to put pressure on our head office
> to react. The fact that we did not have previous experience in health
> emergencies was not relevant for them. Our donors even asked us to
> run ETUs! As a result of that pressure we understood we had to accept
> the risk, so we started developing protocols and writing project pro-
> posals that matched our expertise.

Other humanitarian organisations in Liberia reported a similar internal process, from uncertainty and fear to acceptance and reaction, driven not only by donor demands but also by the understanding that there was space – and need – for more than just an emergency health response in Liberia. Nevertheless, as many interviewees belonging to international organisations in Monrovia conceded, the bulk of the international response arrived when the outbreak was already decreasing.

## Containment strategy

The Declaration of the International Conference on Primary Health Care, held in Alma-Ata in 1978, affirmed that health is 'a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity'.[95] As such, health is a fundamental human right and a 'world-wide social goal whose realisation requires the action of many other social and economic sectors in addition to the health sector'.[96] The *Alma-Ata Declaration* went on to state that primary healthcare should be based not only on the best medical science available, but also on socially acceptable and affordable practices 'in the spirit of self-reliance and self-determination'.[97]

The *Alma-Ata Declaration* was signed by 134 countries two years after the Ebola virus disease was first identified and, more importantly, before AIDS became a global epidemic. In the late 1970s, public health authorities in Western countries were mainly concerned with non-communicable diseases (cardiovascular diseases, cancer, chronic respiratory diseases and diabetes), thanks to the progress in the treatment of infectious diseases. The common belief was that since infectious diseases had been defeated in the developed world, epidemics, confined to remote areas of 'Third World' countries, could and should be contained through direct technical interventions detached from primary healthcare or even wider development considerations – in contradiction of the spirit of the *Alma-Ata Declaration*.

Thirty years after *Alma-Ata*, the Commission on Social Determinants of Health, set up by WHO, stated that the 'unequal distribution of health-damaging experiences is not in any sense a "natural" phenomenon but is the result of a toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics'.[98] Recurrent epidemics of communicable infectious diseases in poor countries were a prime example of that toxic combination of non-health factors at work, but such outbreaks on the periphery of the developed world were generally addressed solely with biomedical operations, against the letter as well as the spirit of the *Alma-Ata Declaration* and the recommendations of the Commission on Social Determinants of Health.

The international response to the Ebola outbreak in West Africa did not escape this containment logic. As soon as the virus was perceived as a global threat, which had overwhelmed the small group of organisations that had responded to previous Ebola outbreaks elsewhere during preceding decades, the reaction was to scale up the containment operation. The notion of the 'unthinkable' – the spread of Ebola outside West Africa –, inflamed by the virus paranoia ingrained in Western popular culture over those same decades, displaced all other considerations.

The narrative propagated by governments and international organisations did not necessarily contradict that paranoia. After months of neglect, the

words *Ebola* and *war* seemed consubstantial in the rhetoric and also in the decision-making – with, for example, defence departments across the world taking over many aspects of the response to the outbreak. Even the head of the United Nations Mission for Ebola Emergency Response (UNMEER), Anthony Bradbury, said during a briefing to the UN General Assembly in October 2014: 'we are late, but it is not too late to fight and win this battle'.[99]

The international response to the Ebola outbreak in West Africa did not arrive late, but right on time to contain the spread of the virus outside its 'natural reservoir' of impoverished countries on the periphery of the international system. In that sense, it was effective in preventing the spread of Ebola beyond Guinea, Liberia and Sierra Leone, three of the poorest countries in the world. UN agencies and international NGOs mobilised as soon as donor governments committed the funding requested and put pressure on them to respond. Fear of contagion in their territories and, in the case of the US, the UK and France, a certain degree of *post-colonial guilt* drove the response. By mid-October, $500m had been allocated to the response in West Africa; by December the amount was over $1bn. Although disbursement of funds was slow, international donors pledged more funds to the Ebola response than the amount officially requested.[100]

WHO's statement on 8 September 2014[101] warning that international efforts to tackle the epidemic in Liberia needed to be scaled up 'by three- to four-fold' followed the sequence of decisions made in Washington, DC, and other capitals. WHO was right in September, but MSF had been right three months before when it asked for a massive deployment in West Africa.[102] A substantial difference between the two appeals was that WHO used a global health security perspective and MSF a humanitarian one. (The former focuses on surveillance mechanisms and biomedical interventions to control emerging infectious diseases emanating from poor countries before they threaten wealthy countries;[103] the latter aims to save lives and alleviate the suffering of individuals in the poorer parts of the world where public health infrastructures are unable to provide assistance.[104])

In September 2014, WHO acknowledged that patients in Liberia were being turned away from ETUs and left with no option but to return to their houses without treatment, risking the lives of their relatives and neighbours.[105] Conventional control methods were not enough in Liberia, so WHO considered community engagement to be 'the cornerstone of a more effective response'.[106] Interestingly, the UN health agency concluded that 'where communities take charge, especially in rural areas, and put in place their own solutions and protective measures, Ebola transmission has slowed considerably.'[107]

The model of community care centres (CCCs) – units run by community volunteers, where suspected Ebola cases could be isolated before they were transferred to ETUs or to local clinics – was seen as a *good enough* option,[108][109] once it was clear that ETUs – the best option – were not able to cope with the high numbers of patients. In a shift that for some interviewees in Liberia demonstrated the capacity of actors involved in the response to adapt to an extremely difficult situation, and for others represented the adoption of a 'sacrificial model', several organisations such as Save the Children, PCI and Plan International decided to open CCCs across the country.[110] An evaluation of the CCCs run by Save the Children concluded that 'CCCs were introduced after local communities had engaged in their own processes of identification, triage, and isolation/quarantine',[111] so by the time they were being constructed – an expensive process that took much longer than initially planned – the epidemic had already slowed. In sum, CCCs 'did not achieve their initial public health goals',[112] in part because of insufficient engagement with local communities and authorities and the failure to 'keep pace with changes on the ground'.[113]

In October, WHO projected a catastrophic scenario of more than 10,000 cases weekly by mid-November in Liberia, Guinea and Sierra Leone.[114] In a statement to the UN General Assembly, the Special Envoy on Ebola, David Nabarro, insisted on the idea that the outbreak was advancing 'ahead of the control efforts'[115] – and that therefore more doctors and nurses, and more money would be needed. This scenario was not only in contradiction of previous WHO analysis suggesting a decline in virus transmission, but was also soon called into question by the findings of two reports[116] published by the CDC in November 2014 and later confirmed by other studies.[117] According to the CDC, the number of Ebola cases reported in the ETU managed by MSF in Foya began to decrease substantially by mid-August, pointing to a general decrease in transmission of the virus in Lofa County.[118] Similarly, the number of cases in Montserrado county and Monrovia showed a sharp decline after a peak in mid-September, according to ETU admissions (73 per cent decline), laboratory results (58 per cent less Ebola-positive results) and body collection (53 per cent decline).[119] Moreover, by the end of October 2014 the beds largely exceeded the number of admissions of confirmed Ebola cases in Bong, Lofa, Margibi, Montserrado and Nimba.[120] Hans Rosling – a Swedish medical doctor, statistician and internet celebrity who arrived in Monrovia in October and spent several months advising the government of Liberia on data management and analysis – also confirmed that the outbreak was receding across the country. Rosling, who gained international fame with his original way of analysing and presenting data and statistics, said his task was to convince international organisations not to build more ETUs, because 'the only thing you'll show is an empty ETU'.[121]

In November 2014, taking into account the new data and the coverage in the US media of the decrease in the number of Ebola cases in Liberia,[122] the US Defense Department decided that only ten of the seventeen units would be built, and that the maximum capacity would be of 50 beds, rather than the 100 beds initially planned. The Pentagon also decided to scale down the number of troops deployed in Liberia. By now, both the US government

and the international efforts to fight the Ebola in Liberia were ahead of the reality of the outbreak. As one international aid worker said, 'the apocalyptic scenario didn't consider the capacity of the communities to react', but once the international aid machinery had started to move and the interests of dozens of organisations were at stake, it was not possible to downsize the response overnight. In fact, the aid worker continued, 'many people in capitals weren't happy when the new data about the decline in the number of Ebola cases in Liberia was published'.

Regardless of the findings from the analysis of the data, 21 ETUs were built and opened between October 2014 and February 2015.[123] Some of them received patients and treated confirmed cases of Ebola. That was the case, for example, of the ETU built by the Liberian Ministry of Defence in Congo Town (Monrovia),] in which a Cuban team of doctors and nurses treated 198 suspected cases and 54 confirmed between November 2014 and March 2015.[124] Others, like the ETU built by the Chinese Government, a 20-room medical facility managed by 350 medical staff, only treated 10 confirmed cases during a six-month period.[125] Many others never treated a confirmed Ebola patient.

By the end of November 2014, when most of the ETUs were opened, the daily number of confirmed cases[126] was 10,[127] far below the bed-capacity and WHO predictions. In January 2015, only 25 confirmed cases were reported in Liberia.[128] From late March, daily reports consistently showed zero cases and most ETUs were in the process of being decommissioned or handed over to the Ministry of Health. The majority of the US Army contingent left Liberia in April 2015. The containment operation was over.

## What controlled the epidemic, what ended it

Liberia was declared Ebola-free by WHO on 9 May 2015[129] after two consecutive 21-day incubation periods with no confirmed cases. Several interviewees, both Liberian and international, agreed that while the international response finished the Ebola epidemic in Liberia, the control of the outbreak was made possible by the reaction of the government and the population. As one international humanitarian worker said, 'when the Liberians owned the response, the virus began to lose terrain. The country director of an international NGO even said, 'it wasn't us!'

These assertions would be supported by relating the consistent decline in the number of Ebola cases across the country from October 2014, even before most ETUs and CCCs were functioning, to the change in the behaviour of the population and the leadership of the government through the that took place in September. The change in communities' behaviour, which was repeatedly cited as especially effective in reversing the upward trend of the outbreak in Liberia, should also be understood as a consequence of a change in the

behaviour of medical and humanitarian actors. As reported in Lofa County, 'transparency in activities and engagement with the communities were central to the response strategy'.[130] For example, some ETUs were designed with materials that allowed seeing – even partially – what was happening inside. Families were invited to visit their relatives in the ETUs while observing all necessary safety measures. Burial procedures were conducted in the presence of relatives, in clearly identified, predetermined sites, and grieving ceremonies were held.[131] Similarly, voluntary isolation, community self-quarantine, safe burial, and community-managed contact tracing were only possible when national and international actors approached communities and families in an open and respectful manner.[132] (And indeed, such community engagement was only possible when basic, non-Ebola-related needs – livelihoods, medical or psychosocial assistance – were also discussed and met.[133]) The Liberian government also learned the lesson of the controversial 10-day quarantine in West Point and – according to several sources – was subsequently keener to engage with communities through community-led taskforces, which proved very effective.[134] As a Liberian aid worker explained, 'after the first phase of uncertainty, the government decided to use more carrots than sticks to convince people of the need to follow their instructions to stop the spread of the virus'.

The Ebola response in Liberia did not follow a single direction, but was the aggregation of disparate agendas. As one international humanitarian worker stated, 'international organisations were trapped in their classic response models'. Indeed, some learned how to adapt their work, but most did not. For instance, a common complaint from Liberian respondents was that UN bureaucratic procedures were impossible to follow and not effective: 'they just produced plan after plan, without going to the field and engaging directly with the communities'.

While acknowledging the challenge of responding to an outbreak of such a scale, most interviewees were especially critical of the effectiveness of the international response in consideration of the ample resources available in Liberia after the summer. However, taking into account constraints such as the extremely high staff turnover within international organisations, the very idea of 'available resources' would merit further analysis. As one international humanitarian worker said, 'the cost-effectiveness ratio of the whole response was not good at all'.

The challenge of coordinating the efforts of multiple international aid organisations and donor governments with contrasting agendas was hindered by an ad-hoc coordination structure, namely the position of Special Envoy on Ebola and the UN Mission for Ebola Emergency Response (UNMEER),[135] built on top of, and to the detriment of, existing humanitarian bodies and mechanisms. The marginalisation of the UN Office for the Coordination of Humanitarian Affairs (OCHA) in the Ebola response is a case in point. In

truth, the coordination of the response in Liberia was criticised in almost every interview conducted for this study. Perhaps, as the Overseas Development Institute points out in its review of the Ebola response in West Africa, this was the *original sin* in the response:

> The fact that each of the affected countries had developed their own response structures and plans could have been used as a basis from which to build an international strategy. However, the initial framing and approach by the UN, and in particular by UNMEER and its architects, meant that much of the UN response was irrelevant before it got under way.[136]

It was also true that in spite of the distance between many international organisations and the local people, the former's presence in the country 'gave us reassurance', according to a member of a Liberian grassroots organisation. An especially enthusiastic popular reaction followed the arrival of the US Army that many in Liberia saw as their saviours. The US government's decision to deploy thousands of troops to Liberia in September 2014 altered the dynamics of the response to the outbreak. The US Army had the expertise, the manpower and the resources, both material and financial, to make a difference in a context where there was a deficit of those. However, the effectiveness of the US Army work in Liberia should be assessed against more than the numbers of the deployment – $385 million spent, 2,174 military personnel deployed in Liberia, 11 ETUs built, 1,539 healthcare workers trained, six mobile laboratories operated[137]. What for the Obama Administration was a successful operation in terms of its own aims – to eliminate a potential danger to the US – left others complaining about what they felt was a limited engagement with the needs on the ground. Did the US Army put in place the biohazard containment operation and the full weight of its logistic capabilities in Liberia that the president of MSF International asked for at the UN in September 2014?[138] It is outside the scope and ability of this study to answer this question, but interviews in Liberia consistently revealed a scepticism among respondents when asked about the US Army's role. It had ticked many important boxes – building ETUs, setting up laboratories, and training local healthcare workers – and refused to get involved in other critical areas – such as the transportation of non-military personnel and blood samples. The perception was that, due most likely to a fear of contagion, the US Army's engagement was not commensurate with its capacity, and its operational flexibility was limited to scaling down its presence as soon as possible.

In the end, the Ebola outbreak also left an unknown number of collateral victims who didn't receive assistance in other needs as a consequence – those who died because no treatment was available for diseases such as malaria, women who gave birth with no maternal health care,[139] orphans abandoned,[140] food-insecure households, and those suffering from the psychosocial impact – further limiting the effectiveness of the overall response. The almost exclusive prioritisation of the medical response meant that the specific needs of vulnerable groups, such as children, women, older people, people with disabilities and very poor households, were not addressed during most of the outbreak. Similarly, not enough attention was paid to Ebola survivors, burial teams, quarantined households, healthcare workers or families of those directly affected by Ebola who were stigmatised and excluded by their communities.[141] It seems fair to ask which came first in the response, Ebola or Liberia.

## Conclusion

Is the end of the Ebola outbreak in Liberia ultimately evidence of the effectiveness of the international and national response? Or should 4,807 deaths[142] and the near collapse of an impoverished country be taken as evidence of ineffectiveness?

The construction of the 'outbreak narrative'[143] of the Ebola epidemic in West Africa has not yet been fully understood. The misapplication of the 'un-ness' categories to the outbreak shaped the initial international indifference to what was happening in West Africa, and a late and inappropriately containment-oriented response thereafter. There is no benefit in describing the Ebola epidemic in West Africa as unexpected, unmanageable, or unprecedented. Thousands of people suffered and died not because a killer virus travelled thousands of kilometres from its natural reservoir, but because of poverty, inequality and exclusion. As Priscilla Wald says, 'disease emergence is an urgent problem in the North not only, or even primarily, because disease may spread from the South to the North, but because of the role of the North in perpetuating the conditions of "thirdworldification"'.[144]

There is no doubt that the international response was instrumental to ending the epidemic in Liberia, but it was also founded on the wrong assumptions, limiting its effectiveness from a humanitarian perspective. Excluding local people from taking ownership of the response proved to be a huge mistake, although it was not different from the exclusion a majority of Liberians experienced in their daily lives before the outbreak. The effectiveness of the actions of individuals and communities in Liberia in stopping the outbreak gave the lie to the image of Liberians as passive victims or even vectors in the transmission of the disease. As anthropologists have repeatedly explained, 'local peoples have cultural mechanisms or protocols to control epidemic diseases'[145] that have been demonstrated on many occasions, before external help arrived. Communities are even willing to modify the so-called ancestral

practices – such as burial practices – before any foreign expert forces them to do so.[146] When given information, resources and trust, Liberians were able to control the spread of the virus. This lesson might have been learned years before (for example after the outbreak in Kikwit in 1995) but was not; it should be learned now.

Similarly, that local people saw international healthcare workers and the government's efforts to control the outbreak in Liberia with mistrust was nothing new. As Barry and Bonnie Hewlett explain, 'international healthcare workers in every outbreak have been accused of starting, amplifying, or using the Ebola outbreak for their own profit or manipulation of local people'.[147] All this knowledge was available before the Ebola outbreak in West Africa and should have been applied in the response.

That MSF, CDC, national health authorities and a few other organisations were both left with the responsibility of controlling the Ebola outbreak in West Africa and at the same time ignored when they warned that the epidemic was out of control, is evidence of a considerable degree of systemic hypocrisy and collective negligence. This irresponsible inaction that lasted almost six months only ended when developed countries feared being directly affected by the virus. Similarly, some key actors now voice regret that the response arrived so late to West Africa, when the timing was a product of their own limitations, ill-designed decision-making processes and miscalculations.

The humanitarian system[148] also demonstrated a considerable lack of the responsibility, capacity, versatility, and autonomy necessary to effectively respond to the Ebola outbreak. Of course, fear, uncertainty and lack of experience with a health emergency of such dimensions have to be taken into account. However, it is legitimate to call into question the *humanitarian* credentials of a system that required half a year and the threat of a global catastrophe before responding to what was already a humanitarian crisis of huge proportions for those living in West Africa.

The question remains whether the Ebola epidemic in West Africa will be remembered as the outbreak that almost breached the walls that protect developed countries, or as the moment when we realised that there is something deeply wrong with a system that saves people's lives so that they can continue to live in extreme poverty and exclusion

# ENDNOTES

1. Field research for this study was undertaken in Monrovia (Liberia) in May 2015. Interviews conducted by the author with representatives of the Liberian government (2), international donor agencies (2), United Nations agencies (5), Red Cross/Red Crescent Movement (1), international (13) and national (9) NGOs and civil society organisations in Monrovia from 21 to 30 May 2015. Given the availability of recent relevant research on community views about the outbreak and the response in Liberia, the author made a conscious decision not to interview affected groups or individuals in Liberia to avoid potential stress and harm. While this study focusses on the Ebola epidemic in Liberia, the analysis of the international response may be applicable to Sierra Leone and Guinea. The content of this report does not reflect the opinion of Save the Children UK. Responsibility for the information and views expressed in the report lies entirely with the author.

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# NIGER

## The Humanitarian Context

Niger is a low-income, landlocked Sub-Saharan country, located in the West Sahel region. The Human Development Report 2015 ranks Niger 188th (out of 188 countries), with a Human Development Index of 0.348. Although, during the last three decades, Niger has experienced considerable improvements in life expectancy at birth, expected years, and mean years of schooling, the standard of living (measured by the Gross National Income per capita) is still below the level of 1980. Almost 90% of the population in Niger are multi-dimensionally poor, and 40.8% live below the income poverty line ($1.25 a day). Most of the poor (94%) live in rural areas.

Fertility rates in Niger are among the highest in the world (7.6 children per woman) as well as population growth rate (3.8% annual change), which means the Sahelian country would triple its population by 2050. Niger's economy relies mainly on agricultural production, and the majority of the population concentrates in the South, where environmental conditions for farming and herding are more favourable. Agriculture employs two thirds of the workforce in Niger, and accounts for more than half of household income nationally and over 60 percent for rural households.

Production levels of rain-fed subsistence crops, the majority of Niger's agricultural sector, have been negatively affected by rainfall variability. For example, over the last decade, three periods of drought (in 2004, 2009 and 2011) led to significant deficits of agricultural production. Other factors impacting farmers and pastoralists include poor management of natural resources, overgrazing, soil erosion, and insufficient access to markets. In sum, increases in the amount of farmland have not been enough to compensate for population growth rates, affecting food availability.

Niger has experienced regular food crises since the early 1970s. The sequence of food crises intensified during the 2000s, with recurrences in 2005, 2008, 2010 and 2012, severely affecting the lives and livelihoods of millions of people. The Global Hunger Index qualifies the situation in Niger as 'serious', although it reports improvements in the proportion of undernourished in the population (9.5% in 2015 compared to 34.9% in 1995). According to the United Nations Strategic Humanitarian Response Plan 2015, between 3 and 4 million people are vulnerable to food insecurity even in 'good years'. Meanwhile, instability in

neighbouring countries led to an influx of refugees (currently there are 37,000 refugees from Mali and 16,000 from Nigeria residing in Niger) and the return of migrant workers from Libya.

According to the Organisation for Economic Co-operation and Development, the European Union is the largest donor of Official Development Assistance (ODA) to Niger, followed by the World Bank, the United States, and France. Of all the bilateral ODA to Niger, humanitarian aid accounts for 27%. In 2015, the US was the largest contributor to the UN Humanitarian Response Plan ($110 million), while the European Commission disbursed $55 million. The World Food Programme received 68% of the total humanitarian funding.

## Even the river has need of its tributaries: An exploration of humanitarian effectiveness in the slow-onset context of Niger[1]

David Matyas*

### Introduction

A hyena goes on the hunt and it finds nothing. Then it sees a drum player. It scares the drum player who throws away his drum. The hyena takes the drum thinking it is some meat. He starts banging it and says to the drum 'don't cry, I want you to be fat when we get to the house'. The NGO is like the hyena and the drum player is the community. The fact that the project is working with us and has made us many promises, it is like they have taken our drum. At the end of the project, if it satisfies all the promises that it has made, then the drum will have become nice and fatty. If not, it will be like they threw away our promises.

Analogy from a community elder.

*La grande sécheresse* – as the extreme drought of 1972 to 1974 was known in the West Sahel – stretched to the limit the already weak coping mechanisms of Sahelian farmers and communities. The sequence of drought and famine — with over 100,000 deaths reported across six countries in 1973 alone[2] – triggered the attention of the international community, and over $150 million were committed, mainly in food aid, by donor governments. Perhaps more importantly, the fact that a disaster of such magnitude was not avoided despite ample warning – 'to the [US]AID and FAO bureaucracies from 1968 onward came significant and ever-increasing intelligence on the catastrophe overtaking the Sahel'[3] – led to a reaction in the form of international conferences, starting with the first World Food Conference in 1974 and the World Conference on Desertification in 1977, and aid programmes for the countries affected by hunger.

Donor governments and aid organisations took on roles and made promises to help Sahelian countries better face the risk of famine, with the progressive understanding that food security was not just a matter of short-

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term nutritional intake, but of the long-term resilience of livelihoods and viability of households.[4] Moreover, increasing soil degradation, extremely high temporal and spatial rainfall variability, and the so-called 'human-pressures', running in parallel to multiple food crises during the 1980s, 1990s and 2000s, strengthened the common perception of the Sahel as 'the quintessence of a major environmental emergency'.[5]

Since the 1970s, policies and programmes seeking to reduce vulnerability and alleviate suffering in the West Sahel have been implemented, and an architecture of aid has become further entrenched and normalised in the region. However, as Michael Mortimore and William Adams point out, aid to Sahelian countries has been characterised by a particular approach:

> In many countries, a strongly interventionist philosophy of government, and a theory of development based on economic 'take-off' through public investments and export agriculture, gave support to an almost unquestioned assumption that the solution to poverty would be found from the 'top-down.'[6]

With diverse aid challenges and opportunities, the Sahel has engendered distinct and evolving understandings of humanitarian effectiveness. The East African drought of 2011 and the West African food crisis of 2012 heightened the attention of the international aid community on the challenge of slow-onset shocks and how to be more effective in these contexts. For some actors, the answer lies in improving community resilience to seasonal variation and recurrent shocks; for others, in bridging the 'development-humanitarian divide' in contexts of chronic vulnerability;[7] and for others still, in improving early-warning and ensuring early-action.[8] This has led to new funding and approaches from institutional donors,[9] novel initiatives from non-governmental organisations and academics,[10] evolving approaches for United Nations coordination,[11] innovative analysis of cost effectiveness,[12] and increased political commitments from governments and regional bodies in affected areas.[13]

Focusing on the West African country of Niger, this study explores how humanitarian effectiveness is being understood at national and local levels. Beyond common international understandings, how is humanitarian effectiveness being framed and approached among government, NGO, donor and UN actors in Niger? How do the local populations think of humanitarian effectiveness? How can these local perspectives help re-frame how humanitarian effectiveness is understood in slow-onset contexts? Drawing on primary research conducted with international experts and government actors in the capital Niamey, as well as with local officials and populations across

the regions of Maradi and Zinder, this study offers a critical perspective on common humanitarian themes of effectiveness as they apply to this context.

In the capital, Niamey, government and aid actors expressed a strong desire to transition to more ambitious, wider-reaching framings of effectiveness that touch on themes like sustainability, self-determination and sovereignty, leaving behind the perception of Niger as a country in permanent 'state of exception'. In rural areas, peoples' understandings of shocks and aid continue to discredit an 'exceptional' framing of slow-onset shocks. Meanwhile, the local perspective also reveals alternative understandings of effectiveness, such as: the ability to stay in place; problematic national level framings; the interactions of self-determination and dependency; immanent contradictions of effectiveness; and the relationship between trust and time.

### Understanding slow-onset shocks in the context of Niger

Like many of its neighbours in the Sahel, Niger has experienced several major food security shocks in the past ten years – in 2005, 2008, 2010 and 2012 – and also during the 20th century – in the 1910s, 1940s, 1960s, 1970s and 1980s.[14] Food security shocks in Niger occur in a context of already chronic vulnerability, poor development performance (the country ranked 188 out of 188 countries on the 2015 Human Development Index[15]), and intense dynamics of change – with a growth rate of 3.52% the population will double in 20 years.[16]

The inability of an agro-pastoralist household in Niger to survive a bad season is not a circumstance created in a single year, but rather over multiple years as the assets of that household are degraded in what has been termed a 'download spiral' or 'ratcheting effect'.[17] Unsurprisingly, levels of Global Acute Malnutrition (GAM) in Niger are systematically above the World Health Organisation (WHO) serious thresholds of 10% and regularly approach the critical level of 15%.[18]

Although food shocks cannot be correlated with any single particular hazard,[19] the increasing variability of rainfall over the past 50 years in the West Sahel is a determinant factor.[20] This variability is not only temporal, with cyclical droughts recorded since the late 1960s, but also spatial – 90 per cent of Niger receives on average less than 350mm of rain each year, 10 per cent between 350 and 600mm, and 1 per cent over 600mm. As professor Mike Hulme points out, 'there is no such thing as normal rainfall in the Sahel',[21] not even during the wet decades of the first half of the twentieth century.

Due to the intensity of the phenomenon, climatic variability in Niger and the West Sahel has been erroneously perceived by external observers as exceptional[22] and, as such, the main cause of food shocks, but this neglects socio-economic factors and the adaptive capacity of communities and households

in the Sahel.[23] Indeed, focusing on the drought is to imply that the difficulty is of production of food, but slow-onset shocks are more closely related to access to food.[24] A major food shock can – and in fact many do – take place in a context where local markets are well provisioned and not experiencing any shortages of food.[25] Here, the slow-onset shock and limited access may be more closely related to major price fluctuations, be those local, regional or – as it was the case with the rise in food prices in 2008 – international; or to variations in the terms of trade, than to any problems with production. In Niger during the food shock of 2010, the caseload of Severe Acute Malnutrition was 320,000 children, but twelve months later – despite strong agricultural production and good rains – this number had fallen by only 13,000 children to 307,000.[26] Alternatively, restrictions on coping strategies such as migration[27] and constraints on democratic processes[28] can be compounding factors that contribute to the transformation of a shock into a crisis.

The fragility of Niger in even the 'best years' demonstrates the weakness of existing social service systems that are only further pressured by the occurrence of slow-onset shocks and the inability to prevent them or mitigate their impact. Indeed, despite the regularity of food security shocks associated with these factors and the months or even years between the first signals of a stress and its evolution into an emergency, international and national actors have consistently struggled to provide timely responses and succeed in protecting households and livelihoods in Niger.[29] Indeed, while there are increasingly robust and refined tools and processes for categorising levels of acute food insecurity,[30] there is a risk that this state of chronic vulnerability masks the urgency of early response to slow-onset shocks for national and international decision-makers.

In this scenario of recurrent shocks and chronic vulnerability, Niger has seen an entrenchment of numerous international NGO and UN agencies with a longstanding presence in the country – some organisations, such as Care International have been present since the mid-1970s; others, such as Oxfam, World Vision and Action Against Hunger (ACF), since the 1990s. However, the food crisis of 2005 triggered an intensification of international engagement, with the arrival of additional humanitarian actors, increased funding from donors, and the establishment of the UN cluster system.[31] According to the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) Financial Tracking Service, humanitarian funding grew from $2.7 million in 2004 to $113.5 million in 2005 – the year of the shock.[32] In the following decade, the lowest level of annual humanitarian funding has been $47.6 million, in 2007, and the highest $433.9 million, in 2012, with average annual funding of $178.4 million.[33] Over this time, the US and the European Commission have been by far the largest contributors.[34] In this context, many NGOs perceive themselves as working in accordance with a dual-mandate of both development and emergency response, though the nature of short-term

funding and project-based work in the country has a tendency to reinforce a limited focus on response and relief, even where their workers consider themselves to be development agents.

Finally, part of the interest of international donors in Niger in recent years may be attributable to geopolitical considerations and certain strategic interests. The operations director of OCHA described Niger as 'a fragile island of stability in a region of conflict',[35] with ongoing insecurities in neighbouring northern Nigeria and Mali that occasionally traverse its borders.[36] Both France and the US maintain a military presence in the country and have used it as a staging base for attacks against extremist groups. France – and AREVA, the world's largest nuclear company – has major stakes in the country, with suggestions that one in three light bulbs in France is lit thanks to Nigerien uranium.[37] But changes in government positioning on aid and humanitarian interventions have also convinced certain donors that they have a more willing partner in Niger. From 2005, when there was deep-rooted government denial of hunger (in one infamous account an ACF placard was removed for fear that the president would see a reference to hunger in Niger), to 2011, when the current President proactively requested international support, there have been notable changes in how the Nigerien State has perceived and supported interventions.[38] These geopolitical factors, in conjunction with recurrent, foreseeable shocks, a willing government, and a situation of chronic vulnerability, have helped put Niger at the centre of many policy and programme efforts.

### An evolving understanding of humanitarian effectiveness in Niger

For humanitarian actors operating in a context of slow-onset shocks, responding 'in time' or in 'a timely manner' is a story of weeks and months rather than hours and days. In Niger, the seasonality of agricultural production is such that weather forecasts in May could already give some tentative indication of the coming agricultural season, and by August or September, government and independent early-warning systems may issue alerts on failing production. Depending on the relative wealth of the household and the severity of the shock, the adverse effects of this event might be felt only six to eight months later.[39] Accordingly, preparedness and the prevention of adverse effects define timeliness of response, rather than the speed of reactivity to these adverse effects. As one government respondent stated:

> [A timely response] is not a response in 2013 that treats malnutrition and distributes food, etc. It is a humanitarian intervention that already from November 2012 avoids the loss of life and peaks of malnutrition

[that will occur] 10 months later.

However, the longer time-horizon should in no way indicate that the situation is less urgent or demanding, for while early-warnings in slow-onset contexts provide more time for early-action, they also provide more time for 'prevarication, delay and buck-passing'.[40]

Assessed according to the dominant effectiveness criteria of 2005[41] – namely timely, NGO-led, reactive life-saving interventions –, the perception among the aid community in Niger has been that the development and refinement of early-warning information systems led to more timely responses today, and an improved ability to target the most vulnerable consistently over time. Moreover, the recurrence of seasonal interventions has brought more experienced national practitioners, more accurate monitoring and evaluation tools, and a better ability to deliver output-based results. A case in point is the significant improvement on child mortality rates through preventative and curative interventions.[42]

Yet, despite the impression that effectiveness has improved over time, there is a widespread dissatisfaction among government, NGO, donor and UN actors with the terms being used to understand humanitarian effectiveness in the context of Niger. This dissatisfaction is often based on a critique of the sustainability and substitution effects of foreign interventions. For example, when discussing current malnutrition support interventions, one senior NGO worker responded:

> Effective yes, because it is life-saving. Now, if effectiveness is to be measured based on sustainability, there the situation is different. Efficient maybe not, because the [cost] per beneficiary is expensive. Effectiveness is debatable, but definitely not sustainable.

Similarly, a humanitarian donor expressed the situation in the following manner:

> We are always balancing. We are like those players with those plates on sticks. They have different sticks and they are trying to keep [the plates] spinning and if you don't continue moving them, they will fall down. Sometimes we have the impression that our work is a little bit like this. We always have to push if we are to keep things going.

These actors recognise the unsustainability of the approach, but also operate with a deep-seated concern for the negative impacts on lives and livelihoods

that would obtain if these interventions were stopped. Though substitution for government services is understood to be restricted and restricting, these actors feel trapped in short- to medium-term programme cycles disconnected from longer-term system-strengthening and budget-support initiatives. For national NGO staff and government actors, the dissatisfaction with effectiveness understood in these terms is based on concerns over how seasonal interventions, or actions targeted at the lean season of a slow-onset shock, create dependency and engender a perpetual repetition of interventions – compromising the self-determination and sovereignty of the people receiving assistance.

Beyond the financial and operational constraints of repetitive interventions, national NGO staff and government respondents expressed the concern that free distributions during recurrent slow-onset shocks lead to dependency. In this context, dependency may be understood as 'the choice by a social transfer recipient to forego a more sustaining livelihood due to the receipt of a cash transfer'.[43] While the claim that cash-based interventions actually lead to dependency has been called into question elsewhere,[44] in this context the perception appears to be both deep-rooted and widespread.

One government response worker expressed the importance of self-determination, stating that 'the more the population's capacity to face future shocks is reinforced, the more our interventions are effective'. Touching on the repetitiveness of aid, another government worker expressed similar sentiments:

> We have seen the limitations of humanitarian [aid] for a long time. We distribute, we make sales at subsidised prices, but since these are [short-term] interventions, each year we have to do them over again. We do not have the resources to repeat the same operations every year. But, if we start to support the productive base – agricultural, pastoral – I think with proper technical support it is possible [to advance].

These remarks illustrate the feeling of futility among these actors of continuously repeating short-term interventions, and their belief that strengthening local capacity can break this cycle. Perhaps because of this feeling, many respondents expressed the importance of a response being 'over time' and not simply 'in time', using the French term *accompagnement*. One government respondent stated:

> When we intervene, there is already the potential that we can help these people to further develop. There is a catego-

ry [of households] that you certainly have to provide with free distributions, but at the same time you can teach this category of people to do something productive. Unfortunately, we come, we target, we distribute, we turn our backs and they sell [what we have given them] because they do not have any need for it. They have need for cash.

This *accompagnement* was generally presented as year-round support. Multi-year seasonal cash transfers – such as the World Bank funded safety-net and ECHO Alliance proto-safety net currently being piloted in Niger – were greeted in some instances as support 'over time', but in other interviews as interventions 'in time' rather than interventions 'over time'. The perceived risk is that recurrent short-term interventions – unsupported by *accompagnement* over time – can create negative associations about the objectives and motivations of international non-governmental actors. One national actor expressed a perception of NGOs shared by some local stakeholders, saying, 'these international NGOs wait until the catastrophe, then they seek funds for themselves. They are people who live on the backs of the misfortunes of others'. If effectiveness is to be gauged by criteria such as community and government approval and support, acceptance may be as much a product of 'when NGOs work' as a function of the more common 'how NGOs work' – namely participatory methods, feedback mechanisms, community-led needs assessments, etc.

In the slow-onset context, while the humanitarian imperative of saving lives continues to be seen as an important condition of effectiveness, it is, at times, understood in different terms than in other contexts. While the causality of life-saving interventions is not always straightforward, respondents from multiple sectors in Niger specified that theirs was not, as a government respondent noted, a work in 'saving lives but rather avoiding the need to save lives'. Similarly, a UN employee stated that 'there are two types of crises, rapid-onset, where we are obliged to save lives because they are in danger and slow-onset, where if we intervene early we will not be obliged to save lives because we will have already protected lives by intervening early'. Here, the scope for early-response in the face of slow-onset shocks seems to be increased by a shift in understanding, from life-saving as response to life-saving as prevention.

Another important element is the necessity of taking the future into account. 'We can't stop at saving lives', said one government official. 'If you save them, then leave them, then you have not really saved them at all'. An International NGO worker brought this situation into relief with the following example:

> I have frequently received children that we save. We find them in the village, they come to the CRENI, they are moribund and we proceed

to track their nutritional progress. They were at three or four kilos, we help them get to eight kilos, we discharge them. They then return to their community where they find themselves in the same situation as before and after two months the child is back in the CRENI. It is a vicious cycle.

Given the recurrent nature of slow-onset shocks in Niger, actors seem to recognise life-saving as an activity that is not bound to a particular moment in time, but a process that also takes the future into account. Intervening agencies need to be conscious and considerate of this social and cultural dynamic. As one respondent expressed, 'the situation is so almost normal that you can't set a precedent and deplete social cohesion. You can't act as a humanitarian GI JOE'.

However, while these evolved understandings of saving lives are emerging, the prominence and pertinence of traditional understandings remain, given the continuing precariousness of the existing humanitarian apparatus, and the fragility of populations receiving aid. Life-saving does occur on an annual and seasonal basis; one study found that in 2009, the lives of 59,000 children under five in Niger were saved, demonstrating an annual decline in the mortality rate of children under five of 5.1 percent, compared to 1998.[45] In this context, focussing exclusively on prevention, or taking the future into account, may be aspirational dimensions of an understanding of effectiveness.

A third illustrative trope of effectiveness identified by NGO, UN and donor respondents in this context is that of needs-based programming. Given the chronic and recurrent nature of the slow-onset shocks in Niger, however, the identification and prioritisation of needs do not follow conventional logic. As an NGO respondent stated:

> [The intervention] should have been based on the early-warning system mapping of villages that are in need. But, [X] said to [the donor] that we are going to stay for four years and distribute cash, and goats, and supplementary feeding in the same villages each year even if they are no longer 'in red' in the early warning system mapping, because, we want to see the longer-term impacts of our approach.

Here, the actor is presenting needs-based effectiveness as a multi-year process that exists even in the absence of immediate needs. Rather than being based on objective and immediate criteria, needs are being brokered in consideration of longer time-horizons. This understanding relates to similar concerns raised in relation to saving lives and timeliness.

Uncertainty in determining how needs are to be prioritised in this context is not limited to NGOs and donors, but also seems to persist due to differing

prioritisations from government. A UN respondent expressed:

> The government will always say to us that if, for instance, they have 5 thousand tons, instead of sending these 5 thousand tons to three regions to make up for any deficits, they will want to send them everywhere. But this will dilute the humanitarian assistance and it will have no impact. It is true that we are often manipulated by the government because there are many other areas where we are obliged to find a consensus. We know that consensus is always something where we need to concede a bit, to not insist so much on certain principles, in order to enable us to advance on others.

In this quotation, the notion of 'greatest need' is confronted with the persistence of 'some need'. The brokering of needs seen in this and the previous example raises questions related to the autonomy of organisations in making decisions and shaping their politics. In seeking to confront underlying weaknesses stemming from the context – whether through consistent multi-year support or collaboration with government – what are acceptable compromises with regards to the alleviation of suffering and the targeting of those in greatest need? Here the neutrality and impartiality of organisations may be faced with a different set of challenges than those pertinent to rapid-onset shocks and complex emergencies.

Ultimately, though there is variation in the basis of dissatisfaction with current understandings of effectiveness held by international NGOs, UN agencies, governments and national NGOs, there is a common underlying sentiment that the use of the humanitarian lens in the this context of slow-onset shocks has become the new normal – a state of emergency becomes 'not the exception but the rule'.[46] Instead of a humanitarian mechanism that is gradually shifting towards a longer-term development paradigm, there is a feeling of stagnancy, repetition, and even entrenchment of the status quo. As one national NGO worker stated, 'when I look at the faces [around the table] they are the ones who have been in the humanitarian [sector] for ten years and for ten years we have not seen any changes in the results'.

### A state of effectiveness or a state of exception?

These various tropes of effectiveness point to a blurred prioritisation of humanitarian and development objectives. Elsewhere, this has been presented as a need for a *continuum* between these domains that links relief with rehabilitation and development, or a *contiguum* that sees them overlapped,

with disaster risk-reduction mainstreamed into longer-term work.[47] Yet beneath this at times technocratic discourse about 'bridging the humanitarian-development divide', the blurring also reflects an understanding that contexts like the Sahel are best understood as disequilibrium environments where recurrent droughts are normal events.[48] The objection is that instead of existing in a system that treats them as such, exceptionality persists.

In his work on the 'state of exception', the philosopher Giorgio Agamben explores the extensions of power that take place during purported times of crisis.[49] This concept, typically employed in the legal sphere to describe the legitimisation of the extension of one individual or institution's power beyond where the law has traditionally confined it, is applicable to the understanding of effectiveness, or rather ineffectiveness, in this context.

In Niger, following the 2005 food crisis, there has existed a structure of continuously activated UN clusters, recurrent annual humanitarian funding cycles, and multi-year strategies regularly superseded by one-year plans. As such, there has been an extension of the power of the humanitarian structures in Niger – including both international and national actors – in financial, operational and normative domains. As one actor asked, 'should clusters be activated forever? They should have been de-activated and then re-activated with Diffa.[50] This is a distortion of the system. It is adapted in the wrong way to the context'. Similarly, a humanitarian donor queried:

> If you are [continuously] running lean-season activities, why not develop social safety-nets? Then, when you have a crisis like in 2005, 2010, 2012, and so on, you know everyone who is there, who you normally respond to, and then [donors can] see what kind of top-up they can cover. 'Humanitarians can you help us?' 'Yeah no problem we can'. But currently we don't only do that top-up. We do the lean-season top-up, which is there every year, as well as the 10% basis which is constantly there throughout the whole year. So, there is a major problem in balancing the workload between humanitarian and development actors. It is also not effective, because you take away resources that you could put into other crises.

If the system is only capable of viewing these events as anomalies, the normalisation of disequilibrium is constrained, while a perennial financial, operational and normative, 'state of exception' is perpetuated.

Among a variety of actors, there is a sentiment that, in order to be effective according to tropes such as sustainability, self-determination, and sovereignty, this 'state of exception' needs to be transcended. As one interviewee stated in reference to the government's Nigeriens Nourish Nigeriens (3N) initiative,[51] 'you do your work so that big shocks can't take away your sovereignty, so

that the space for external actors is as small as possible'. In a disequilibrium environment, recurrent slow-onset shocks need not perpetuate an exceptional state of operation or effectiveness. Instead, adaptation, flexibility, and seasonality can serve as the basis for policies, programmes, and strategies in this context. With the entrenchment of long-term, state-led development systems for slow-onset shock management, humanitarian interventions could transition from being acts of substitution to 'top-ups' of a climate-adapted base.

### De-mystifying effectiveness at the local level

While these reflections are taking place among government, NGO and UN affiliates, for individuals in Nigerien villages there does not seem to be any differentiation between development and emergency initiatives. Villagers would distinguish between government actors and other organisations, but often not between UN agencies and NGOs. As one villager stated, 'if we hear a car, we get excited and everyone comes running, except if it is a soldier. Then we run the other way'. While these villagers may not distinguish between the actors that bring short-term emergency aid and longer-term development support, they do have an acute awareness of how the interventions relate to different seasons or to bad years. More importantly, they do have a deep-rooted desire to see the peaks and troughs of seasonal fluctuation stabilise. Furthermore, the nature of the aid that these populations receive can influence their perceptions and expectations regarding these organisations and their relationships with them.[52]

Local understandings of effectiveness provide useful insights, complementarities and contradictions to those employed by national and international actors. In some instances – as with the idea of effectiveness as the ability to stay in place – communities are framing effectiveness differently than humanitarian actors. In other instances – such as those involving self-determination and dependency – aspirations for particular effective results may be shared, but perceptions of means to achieve those results may be based on different assumptions. Finally, seeking effectiveness in both the short and long term simultaneously can effect trust and in doing so may create blockages that could undermine effectiveness across both timescales.

Seasonal migration for work is an important livelihood strategy in Niger. Though variations exist between regions, this seasonal migration is typically most important for poor and very poor households, and takes place for three to six months between November-December, and April-May.[53] This migration has traditionally been international – to Nigeria or Libya – or internal – to Agadez or larger villages nearby. The migration can provide households with cash through remittances and food, and also, with less individuals consuming

food in the household, a small household calorie saving. It takes place to varying extents in both good and bad years, though it represents a significantly higher proportion of household income in years with a poor harvest.[54] In discussing origin stories with respondent villagers, many described how their villages were founded following the relocation from another geographic site. In several cases, a drought or flood was cited as reason for the migration. In other cases, land pressures were described as the motivation for moving. For instance, 'there was no space in the other place, so we came here as there was more land'.

Though there is a strong preference for staying in place, there is a shared memory of migration in the face of certain environmental and population pressures. As one respondent stated, beyond the humanitarian imperative of intervening to save lives, the local imperative seems to be to avoid the dissolution of the village:

> If [the NGO] had not intervened, the village would not exist, the people would have left the village because of the lean season which was very hard. They gave the women 30,000 [West African CFA Francs] each month for six months. It was so that the women could stay and maintain their homes. If [the NGO] had not done this work, you would not find this village here today. The whole village would have migrated. Everyone would have left with their families and abandoned the village.

So, despite the importance of seasonal work migration as livelihood strategy, villagers still expressed their preference for being able to stay in place. As a result, they rated the interventions that allowed them to do so as effective: '[an NGO's] work is good when it permits us to stay instead of going elsewhere. If today the residents in the village didn't feel they needed to go elsewhere it would be really good work. If the organisations can do [work] so that we can rest at our [homes], that is good work'.[55]

Sometimes the way local communities understand the effectiveness of an intervention is quite distinct from the objectives of the intervention as expressed by the agencies responsible. For example, cash for work and seasonal cash-transfers were cited by villagers as effective interventions in that they enabled them to stay in place rather than to migrate,[56] despite those interventions being designed to improve nutritional outcomes for children or meet food needs that emerge when crops fail. That cash for work, as one respondent stated, 'allow[s] each head of household to be stable, that he is at home with his family and that there is no migration', raises questions about the priorities of those recipients and how resources once transferred are being used. It also raises further questions about sedentary models of human settlement, demonstrating how seasonal migration fits within a grouping of a household's livelihood, coping

and adaptation strategies.[57]

Several factors can help to explain this preference for staying in place, two of which are security and strains placed on individuals left behind. Security concerns relate to travel risks, petty theft, organised crime, conflict, and recruitment by paramilitary groups. As one respondent in the region of Maradi stated, 'there are problems when people go searching for food for their households. It is often the Nigerien mafia, others are kidnapped and some are killed. Sometimes there is conflict, like we see in Nigeria. Other times, there are traffic accidents'. In the region of Zinder, which is closer to Northeast Nigeria, several respondents expressed concerns over possible attacks by Boko Haram. Additionally, as one village imam stated, 'it is important that the community has the means that can permit it, above all, to retain the youth during the lean season. If these youth are always inactive, there is a risk that they will go in the way of the terrorists in the east of Niger in Diffa'. While it is unclear if any youth from respondent villages had been actually recruited by Boko Haram, village elders certainly expressed concern over the possibility that youth could be enlisted by the group when they departed from the villages.

Another concern expressed by female respondents was the impact on the running of the household when husbands left for seasonal migration. As a woman in an all-female focus group expressed, 'what is bad is that there is no work, and when there is no work, our husbands leave us. They migrate and leave us with our children'. As another woman suggested in relation to the effectiveness of interventions that curtailed migration, 'when the head of the household is comfortable, the family is comfortable'. This remark highlights the strain that migration places not only on those that travel, but also on those left or trapped behind.[58] A similar sentiment was expressed by an elderly respondent, 'in past years, if there was a fire in the village and we cried 'fire', there was no one around to put it out. But, this time, people are here and it is the cash for work that allowed them to stay'.

Finally, the community understanding of effectiveness may in fact be implicated in ineffectiveness when viewed over a longer time-horizon. Amid population growth, increasing land pressure, and environmental degradation, there may be long-term implications from interventions that enable populations to stay sedentary. If migration releases pressure on a population facing a number of interconnecting drivers and strains in a particular environment,[59] an important focus for further research in this context could be on how facilitating short-term abilities to stay in place may contribute to an aggregation of longer-term risks across particular geographic regions. If effectiveness is to be understood as participatory and community-led, additional work could explore how needs and priorities might be considered among actors who tend to look at risks across different time-horizons.

## Self-determination and dependency

The importance of self-determination of local populations and, concomitantly, of avoiding aid dependency, was raised frequently in Niamey and the villages. As one respondent stated, 'the result that we see as good work is that the [NGOs] have shown us the routes to rise, work, and gain on our own, without waiting for someone for something'. At times, effectiveness as self-sufficiency was framed as the ability to control one's own destiny: 'if you have your own means, you will not be disappointed'. At other times, this effectiveness was framed as ensuring that populations could protect themselves independent of future relations with NGOs: 'good work makes a foundation, a solid base so that tomorrow, or the day after, or in the future, even if [the NGO] leaves we can support ourselves'.

That respondents both in the capital and in the villages agreed that effective interventions are those that enable agency and independence is hardly surprising. However, views about appropriate timeframes and modalities of assistance do not always match. In Niamey – notably among government officials – the premise is that for interventions to yield this self-determination and to be effective, they must be long-term interventions and involve *accompagnement*; short-term distributions – such as unconditional cash transfers – would create dependency. In contrast, based on interviews conducted with three village clusters, those that were receiving the year-round support exhibited greater traits of dependency than those receiving seasonal support.[60]

The variations in understandings of effectiveness between villages subject to the different types of intervention could be seen in three categories of their responses: aspirations for future relationships with NGOs, desired outcomes of interventions, and perceptions on targeting of the poor and very poor. The village clusters that had experienced the longer-term multi-sector programme with year round support tended to prefer deepened bonds and a continued NGO presence. As one village chief stated, 'between now and ten years from now, I would like for our relationship [with NGOs] to be reinforced. That it develops for our benefit. Between now and then, each of us will know what to do. Each will know what will be his contribution in the community'. Conversely, those communities that had received the shorter-term seasonal cash transfer, seemed more focused on a future in which they had transitioned to a more autonomous and self-sufficient relationship with the NGOs. As one village elder stated:

> Our wish for ten years from now, with the NGOs that work with us, is firstly that we have made some progress in the walk we are doing together, because we are walking together. Once there is an improve-

ment in our situation, our wish is that the NGOs will part, leave us, and let us fly on our own wings. The NGOs will go elsewhere.

Though respondents in the villages with longer-term interventions did certainly express a desire for autonomy, it was more-often presented in a future of continued and deepened NGO support. Conversely, respondents in the villages with shorter-term seasonal interventions described their autonomy in a future where NGOs were less present. This desire among those receiving short-term interventions for independence from NGOs, and among those receiving longer-term interventions for continued bonds with NGOs, offers a perspective on dependency and aid duration that breaks from the standard understanding.

The desired outcomes and futures described by the respondents in these different village clusters also varied. In the communities that received longer-term, multi-sector aid, respondents often described a future with further interventions across more varied sectors. For example, as one female respondent stated, 'when [an NGO] does an activity, they should return to re-do it and not take too much time in returning. They should multiply their actions. If this year they come and do one action, next year they should come back and add more actions'. By contrast, in the villages with the more minimalist interventions, preferences trended towards a lessening of aid and an increase in self-sufficiency. As a youth in a village where seasonal cash transfers had been used said, 'our wish is that [the NGOs] don't continue to just give to us, but that we create a path so that we can earn for ourselves'. While the expectation might be for those receiving short-term, minimalist interventions to desire a broadening of interventions, it seems that this desire was expressed more strongly with the group receiving longer-term support.[61]

Villages that had received longer-term development support and those that had received shorter-term humanitarian interventions also had differing views related to targeting. Misunderstanding, frustration and manipulation among aid recipients with regards to targeting is well documented in Niger.[62] There can be confusion over why some households are selected and others omitted, as well as suspicion over the processes employed for the selection. In the village clusters included in this study, respondents had different views on the targeting of the most vulnerable households. On the one hand, many respondents within the villages that had received longer-term, year-round interventions were perturbed by the targeting of some households and not others. As one respondent pointed out:

If an NGO comes and works with a small minority instead of the whole population, you could say that it has done nothing. If the project would

have given to everyone, then we would have all been happy and we would congratulate the project. But, if it is only 10 people, then we will not be happy.

Here, the issue is not so much that the poorest were targeted but rather that there was a targeting at all and that the distribution was not viewed as equitable. Conversely respondents in villages that had received only seasonal humanitarian interventions seemed more comfortable with the targeting of poor households and not wealthier households. As an elderly respondent in one of these villages stated, 'the fact that the organisations helped the poor and very poor households, that is very good. Really, it is the poor that are the priority. They are the ones that need help'.

Notably, this distinction seemed to hold across wealth groups. While it might be expected that independent of village cluster, the poor and very poor households who had received aid would support targeting, while the medium-wealth and richer households would not, this did not seem to be the case. In the village cluster with seasonal interventions, medium-wealth and richer households seemed comfortable with the targeted approach. As a respondent in a focus group composed exclusively of medium-wealth and richer households in a village receiving seasonal interventions stated, 'it is good [when the NGOs] give assistance to the diminished, to the poor. Without this assistance, the poor would always come and circle around those with means. But, if [the NGO] comes in assistance of the poor, it is like we were freed from the task of coming to their aid'. By contrast, in the villages where interventions were year-round, even some poor and very poor households seemed uncomfortable with the targeting. One respondent in an exclusively poor and very poor household focus group in a village with longer-term intervention suggested: 'There is discrimination in the distribution of aid. Our village is small, so if we maximise, everyone can have. The problem is that some are discriminated against in favour of others'. Though this group clarified that the poor households should take priority over the wealthy households, they remained uncomfortable with the fact that some households received aid while others had not.

Further questioning the logic that short-term interventions lead to dependency these examples demonstrate an acknowledgement among those receiving shorter-term interventions that aid should be prioritised for those most in need. Meanwhile, among the longer-term aid recipients there was a desire for the reach of interventions to be expanded to provide for all types of wealth groups – suggesting a more dependent relationship with the aid providers. More specifically, the perspective that unconditional cash and food transfers create dependency and should thus be replaced with longer-term development programmes is based on problematic reasoning. Though unconditional cash and food transfers may lead to a certain dependency, it

does not follow necessarily that longer-term development programmes will create less dependency. While longer-term programmes may be favoured over shorter-term interventions due to their capacity to deliver results across a variety of domains and indicators, they do not inherently offer an approach in which the population is less dependent on the aid and, in fact, these interventions may lead to the opposite result.

### Trust and time

The understandings of effectiveness as timeliness described above – interventions that are *in time* and/or *over time* – intersect with another trope of effectiveness: trust. Trust between NGO, UN actors, local governments, and local populations is an important factor for enabling the self-determination of these groups, for garnering their acceptance of, and participation in, activities, and for ensuring a contextual understanding of local needs. Yet trust and time are not necessarily mutually reinforcing. Intervening in a manner that seeks to build trust may compromise the ability of an intervention to arrive *in time*. Actions that work *over* time but not *in* time, or vice versa, may undermine trust between different actors. Interventions that take place *over time* may lead to situations that risk breaches of trust.

Both government and NGO actors in Niger recognise the importance of working together in the face of slow-onset shocks. NGOs can bring technical capacities and financial resources that local government actors may be unable to mobilise, while governments lend credibility, legitimacy, and a long-term development presence that extends beyond time-bound project cycles. In an environment where recurrent shocks are set against a backdrop of chronic vulnerability, these actors can contribute different and complementary elements towards effectiveness. Yet despite the acknowledged importance of this relationship, it is a bond that can be compromised by mutual distrust.

For local governments, a repeated complaint was the tendency of some NGOs to bypass their authority and intervene in a manner that did not adhere to long-term planning processes like the Community Development Plans (PDC). As the mayor of one commune expressed, 'many NGOs approach the commune [administration] before doing their intervention. But, there are certain [NGOs] where it's only when you go into the bush that you discover an action or activity that they are undertaking. We have to ask around to fnd out who's done that activity and when'. The concern, expressed in similar terms by another mayor also, is that non-collaboration can lead to duplication and an undermining of local planning processes.

Beyond local authority requests for trust to be built through NGOs supporting local planning processes, local authorities also expressed the desire for more reliable and consistent communication and information sharing. As the first

mayor cited above stated:

> What I say to NGOs, is that at least each trimester you write a report on your intervention in the commune. We want the reports to be succinct and specifically related to the commune so that we know exactly what is happening [in our region]. If [the report] is all global, we don't even know our part, what are our results here?

Among these local authorities, the perspective is that if planning and management are undertaken in a shared and collaborative manner, it will help bolster aid effectiveness *over time*.

Though many NGOs are increasingly trying to work in a manner that engages and includes local governments, there is still an apprehension among some national and international NGOs with regards to supporting these governments. For local NGO actors operating in a logic of *in time* humanitarian effectiveness, these trust-building processes, such as the commune-specific trimestral reports described above, can feel onerous. Seeking approvals and working in a collaborative manner with local authorities can lead to delays in response and, in the perspective of some local NGO actors, not lead to much short-term value added for the intended aid recipients. The feeling is that the ability to intervene *in time* may be compromised if they are forced to adhere to slow-paced bureaucratic processes. But a greater challenge to collaboration and long-term trust is a questioning by some NGOs of the motivation of local authorities and whether they are actually committed to *accompagnement over time* with the population as a whole. As a representative from a national NGO expressed:

> The NGOs' goal is to help the populations. The state also from its side tries to help. They are parallel goals. It is just that the NGOs intervene earlier. The government may intervene too late or may even play the game of masking the [situation]. If we give to [the government], they will eat it. With the NGOs, [the aid] goes directly to the population. Alternatively, if we give [to the government], they may choose their people and keep the rest for themselves, to go and sell it, to become rich. Effectiveness, I find, is really across the NGOs. We have speciali-sation in distribution, in targeted distribution, in cash for work. But if we put this into the hands of the state, they will do whatever they want.

Here we see a disparity that exists between visions of effectiveness among humanitarian and government actors at the local level. While humanitarian

NGOs may believe that they can deliver aid in a timely manner to meet needs – something that the local government does not have the human or financial capacity to undertake at present – government actors feel that if they are not involved in the processes, the undertaking may be swift but will never be sustainable. A function of how *in time* and *over time* effectiveness are understood by these different actors, mutual distrust can undermine effectiveness in the short and long term.

For local peoples, there is also a relationship between trust and timeliness *over time* and *in time*. Unlike the tension between local government and NGOs regarding these two interpretations, however, with local populations problems arise when these two understandings are not taken simultaneously. Providing one type of support without the other in this context of recurrent, slow-onset shocks is perceived as ineffective by many local populations and can undermine the confidence that the populations have in the intervening agency.

In the face of seasonal variability and vulnerability, respondents in villages that had received longer-term, multi-sector interventions stressed the importance of complementary seasonal interventions. As one respondent in an all-female focus group stated, 'the intervention that the project does during the lean season is better than the intervention that the project does in normal times. When someone is hungry and you come to give them something to eat, they are more thankful'. While for this respondent the lean-season support was of greater importance, for a village chief in another village the relationship was more categorical. As he saw it, 'if the project did not help us during the lean season, for us the project has done nothing'. In this example, the community perspective suggests that a longer-term intervention is not effective if it does not simultaneously respond flexibly to shocks and changing circumstances.

Interestingly, at the community level, the inverse relationship also seems to be true for the effectiveness of interventions, with populations receiving support *in time* that was not then continued *over time* also being left unsatisfied. As a respondent in one village stated:

> They should not halt the interventions. They come this year and then two years or three years later they come back. It's like you start over at zero. They need to follow-up with us. When the project comes to work, it should not leave us like this. They need to follow-up even if it is irregular. If there are actions without following, we come back to zero.

Here, the punctual intervention is presented as ineffective in that it does not lead to longer-term change. Though the intervention does meet short-term needs, without *accompagnement,* it does not help the population exit from their situation of vulnerability.

A final element of note with regards to trust and time relates to the opportunities for cheating or indiscretion that can arise where local populations become accustomed to working with a variety of partners that intervene perpetually *in time* without building trust or engaging in a relationship of *accompagnement*. While some examples given by local populations reflected gross negligence – for instance, a major international NGO beginning a micro-finance initiative and then arriving with the armed police to collect repayment at the heart of the lean season, exactly when households were most vulnerable and had the least resources – other cases were even more egregious still. An elderly respondent in a control village gave the following example:

> There was an NGO that came here. The NGO made it so that the population subscribed [to the program] for 250 [West African CFA Francs]. All the heads of households, the men and the women, everyone gave 250. They collected the funds but afterwards, they never came back again. There were at least three cases of this, for 250, 400 and 500 [West African CFA Francs].

This example highlights the precarious position of many local populations. Some may feel pressure to follow the proposals of an NGO even if little or no trust has been built with that organisation. Without the expectation of *accompagnement over time*, with familiarity only with interventions that arrive *in time*, local peoples in need may become regularly involved in interventions where trust with the NGO has not been built, and thus be susceptible to trickery and cheating.

### Conclusion

There is a proverb in Hausa, *kogui ma yana son kari*, which translates into English as 'even the river has need of its tributaries'. Local populations employ this proverb to describe how even the rich or powerful need support, how medium-wealth and richer households, despite being better off, can use help too, and how an NGO, with all its resources and knowledge, still has need of the local populations. It is a powerful image for the disequilibrium environment that is the Sahel, and provides an important analogy for understanding the current state of effectiveness in this slow-onset context.

In this analogy, providing repeat emergency support that is not fundamentally interconnected with prevention, sustainability and self-determination is like pouring buckets of water into a few tributaries and expecting them to replenish the river. Or perhaps, not even considering the river and judging the effectiveness of that aid by how quickly the water was poured, or by the

health of the shrubs along the tributary shores. Perennial interventions like this will never lead to robust national systems. Aid employed in this manner will always dry-up before it reaches the main current.

As UN, NGO and government agencies, and local communities have expressed, effectiveness in the slow-onset context of Niger needs to be gauged by more than just interventions arriving *in time*, saving the lives of affected populations or meeting the short-term needs of the most vulnerable people. The repetitive, foreseeable nature of these shocks provides a rare opportunity to normalise adaptive development systems that can then seamlessly accommodate humanitarian support in times of exceptional case-load or need. With ongoing dynamics of population growth, environmental change, and entrenched chronic vulnerability, compounded by a fragile donor environment and limited local capacities, evolved understandings of aid effectiveness may indeed become a necessity for facing these numerous, complex needs. In this future, effectiveness could be re-envisaged to provide for unconventional narratives, to challenge tropes based on problematic assumptions (like the relationship between cash-based interventions and dependency), and to build long-term trust with local communities through interventions that provide support both *in time* and *over time*. Working in these ways can help ensure 'promises' to local communities are kept and not 'thrown away' (to return to the analogy of the drum and the hyena). To achieve this, however, aid in Niger will need to break from the humanitarian state of exception.

In the build-up to the World Humanitarian Summit, as the international aid community considers the future of humanitarian effectiveness, the slow-onset context is a distinct and valuable area for consideration. It presents a number of particularities that call for re-interpretations of effectiveness, and a variety of opportunities to expand the scope and ambition of aid. It also challenges the rationale for a perpetuity of minimalist interventions. In the disequilibrium environment of the Sahel, the river might always have occasional need of its tributaries. But to focus on tributaries and overlook the broader watershed, may be to arrive at a future of continuously dry riverbeds.

# ENDNOTES

1.   Primary research for this field study was conducted over three weeks in May 2015, in Niamey, the capital of Niger, and the regions of Zinder and Maradi. Qualitative research methods including semi-structured interviews, focus-group discussions and participant observation were used. A wide range of individuals and groups were interviewed to try and capture a cross-section of perspectives on effectiveness at the local level. Despite these efforts to collect and convey a varied set of perspectives, the findings from the report should in no way be considered statistically representative. In Niamey, thirteen semi-structured interviews were conducted, with government officials, UN agency representatives, institutional donors and NGO actors. Additionally, three focus-group discussions were held. The first of these was with international NGO technicians, the second involved national NGO technicians, and the third was composed of international NGO monitoring and evaluation actors. In the field, research took place in three different 'village clusters' located across the regions of Zinder and Maradi. These clusters were selected as areas in which one of three approaches had been employed, directed to the particularities of the slow-onset context, namely; Communes de Convergence (collaboration), seasonal safety-nets (early-warning to early action), and multi-sector intervention (bridging the humanitarian-development divide). Within each cluster, three villages were selected – two of which received one of the aforementioned interventions and one of which represented a control village typical of the area though having not received an intervention – for a total of nine villages. Within each of the three clusters, six focus groups were held as well as two to three local interviews. The profile of these different focus groups was two mixed (across gender and wealth groups), one very poor and poor households (equal gender split), one medium and wealthier households (equal gender split), one youth (equal gender split), one female. The profile of the local interviews was: village chief, imam, small business owner. At the village level, a total of 18 focus-group discussions and seven local-level interviews were held. Additionally, within each cluster, two to three interviews were conducted with government officials and local experts for a total of seven local expert interviews. Villages involved in the study were predominately Hausa communities – a small number of villages also had minority Fulani populations. Additionally, with the exception of a few villages who were involved in fishing, livelihoods were predominantly agro-pastoral. The time-period selected to conduct the research was circumstantially based on the timeline of the overarching project. The potential influence of this period on respondents and discussions is noteworthy, however. May is one of the hottest months of the year in Niger. It generally precedes the rainy season, which typically begins between late May and early June in selected areas. It is also in the 'lean season' when many households have exhausted supplies produced in the previous harvest and are resorting to other coping strategies. The period in which research was undertaken thus had potential impacts on the availability of respondents, focus and direction of discussions, and energy levels of respondents during discussions. Semi-structured interviews and focus-group discussions in Niamey were predominantly conducted in French, with some in English. Semi-structured interviews and focus-group discussions in villages were conducted in Hausa and immediately translated into French by an on-site translator. Semi-structured interviews with representatives of local government were conducted in French. In expert interviews, the term *efficacité* was used to denote 'effectiveness'. While the French term can mean both 'effectiveness' and 'efficiency' discussions with respondents did not seem to indicate a focus on efficiency. This potential discrepancy was not a factor in the Hausa interviews as the term

'effectiveness' was not employed with local respondents. In the report, quotations have been translated into English by the author in cases where English was not the language of interview. Definitions of effectiveness were not provided to respondents, in order that they frame the concept for themselves. However, 'slow-onset shocks' (*crise de long durée*) were defined in advance for experts as shocks that are recurrent, predictable and occurring in areas with stable governments. Given the recent humanitarian response in Niger to Malian refugees, and the ongoing crisis in eastern Niger with returnees/refugees in Diffa, this specification was helpful for focusing the discussion. With local populations, by contrast, the 'slow-onset' adjective was simply not used. Instead, at the local level, questions were framed with 'good' and 'bad' years as well as discussion of seasonal shocks. This approach was intended to limit scope for the slow-onset adjective to crowd-out more local understandings of 'what is a shock', and allow for more open, contextual understandings. As researcher for this study, it is important to note my proximity to the Niger humanitarian community. Having worked in the country between 2013 and 2014 as a technical advisor on resilience, my experience provides familiarity with the context but also the risk of researching along pre-conditioned themes and ways of thinking. The content of this report does not reflect the opinion of Save the Children UK. Responsibility for the information and views expressed in the report lies entirely with the author.

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30. CILSS, 'Cadre Harmonisé: Identification et analyse des zones a risques et des populations en insécurité alimentaire et nut en Afrique de l'ouest: manuel version 1.0'.

31. Though the shock occurred in 2005, the UN clusters were activated in 2008. They have been operating continuously in the country since then.

32. Financial Tracking System, 'Niger Funding Received,' (2015). Accessed 10 October 2015. https://fts.unocha.org/pageloader.aspx?page=emerg-emergencyCountryDetails&cc=ner.

33. Ibid.

34. Ibid.

35. Interview in Niamey.

36. Conflict and insecurity are important elements to consider in relation to food-security in slow-onset contexts. This report, however, only focuses on these elements insofar as they were raised by respondents. Those peoples in Niger facing direct conflict and food-insecurity represent a small and distinct population located in particular areas. This report instead focuses on the larger majority of food-insecure peoples not directly affected by conflict. For more on the relationship between conflict and livelihoods, see for instance Simon Levine. 'Livelihoods in Protracted Crises'. Rome: FAO, 2012. Accessed 10 October 2015. http://www.fao.org/fileadmin/templates/cfs_high_level_forum/documents/Livelihoods-Protractedcrises-Levine.pdf.

37. Oxfam. 'Niger: a qui profite l'uranium? L'enjeu de la renégociation des contrats miniers d'Areva'. Paris: Oxfam France, 2013. Accessed 10 October 2015. https://www.oxfam.org/sites/www.oxfam.org/files/niger_renegociations_areva_note_oxfam-rotab.pdf.

38. Bailey, R. (2013). *Managing Famine Risk: Linking Early Warning to Early Action*. London: Royal Institute of International Affairs.

39. A typology such as the Household Economy Approach defines four relative wealth groups (very poor, poor, medium, wealthier) who will run out of food earlier or later depending on their means. For some households this gap may be four months and for others it could be six. It is important to note, however, that a fifth group of extremely poor often exist in the Sahel who may require continuous support throughout the entire twelve months of the year.

40. Bailey, 'Managing Famine Risk: Linking Early Warning to Early Action,' 10.

41. The evidence that these 2005 humanitarian criteria were in use is based predominantly on interview accounts from NGO, government and UN respondents, many of whom were actively involved in these responses.

42. Amouzou, A., Habi, O., Bensaid, K., and the Niger Countdown Case Study Working Group (2012). Reduction in Child Mortality in Niger: A Countdown to 2015 Country Case Study. *Lancet* 380 (9848): 1169-1178.

43. Michael Samson, 'Social Cash Transfers and Pro-Poor Growth,' in *Promoting Pro-Poor Growth: Social Protection*, ed. DAC Network on Poverty Reduction (Paris: OECD, 2009).

44. See for instance Michael Samson and Martin Williams. 'A Review of Employment, Growth and Development Impacts of South Africa's Social Transfers'. Economic Policy Research Institute 2007; Stephen Devereux et al. 'Making Cash Count: Lessons from Cash Transfer Schemes in East and Southern Africa for Supporting the Most Vulnerable Children and Households'. London: Save the Children, HelpAge International, Institute of Development Studies & University of Sussex, 2005. Accessed 10 October 2015. http://www.ids.ac.uk/files/MakingCashCountfinal.pdf; Michael Samson et al. 'The Social and Economic Impact of South Africa's Social Security System: Final Report'. Economic Policy Research Institute, 2004. Accessed 10 October 2015. http://www.sarpn.org/documents/d0001041/P1154-sampsondsd_Sept2004.pdf.

45. Agbessi Amouzou et al., 'Reduction in Child Mortality in Niger: A Countdown to 2015 Country Case Study,' *The Lancet* 380, no. 9848 (2012).

46. Walter Benjamin, *The Origin of German Tragic Drama*, trans. J. Osborne (New York: Verso, 2003).

47. Levine, 'Livelihoods in Protracted Crises'.

48. Hesse et al., 'Building Climate Resilience in the Sahel'.

49. Giorgio Agamben, *State of Exception*. Chicago: University of Chicago Press, 2005.

50. Diffa is a region in eastern Niger that shares a border with Northeastern Nigeria. The region has experienced recent conflict and insecurity related to Boko Haram and has seen an influx of returnees/refugees in the wake of this situation.

51. The 3N initiative is a flagship government programme for improving food-security and building domestic agricultural capabilities in the country. It is also the lead structure in Niger responsible for rolling-out the regional Global Alliance for Resilience Initiative (AGIR).

52. For a description of an alternative project in Niger and how villagers can instrumentalise aid discourses and manipulate interventions see B Rossi, 'Why Donors and Recipients Should Not Be Compartmentalized in Separate "Worlds of Knowledge",' in *Development Brokers and Translators: The Ethnography of Aid and Agencies*, ed. David Lewis and David Mosse (Bloomfield: Kumarian Press, 2006).

53. HEA. 'Profil de moyens d'existence zone agropastorale – Département de Mayahi'. 2012. 'Profil de moyens d'existence région de Zinder: Magaria/Kantche –Zone de subsistance irriguée'. 2009. 'Profil des moyens d'existence région de Zinder: Magaria – Zone centrale de cultures de céréales, de Niébé et d'Arachide'. 2009. 'Livelihood Profile Tessaoua District: North Settled Livelihood Zone'. 2007. 'Livelihood Profile Tessaoua District: South-Central Livelihood Zone'. 2007.

54. 'Profil de moyens d'existence zone agropastorale – Département de Mayahi.'; 'Profil des moyens d'existence région de Zinder: Magaria/Kantche –Zone de subsistance irriguée'; 'Profil des moyens d'existence région de Zinder: Magaria – Zone centrale de cultures de céréales, de Niébé et d'Arachide'; 'Livelihood Profile Tessaoua District: North Settled Livelihood Zone'; 'Livelihood Profile Tessaoua District: South-Central Livelihood Zone'.

55. It is important to note that this section is not advocating that the 'ability to stay in place' be used as an indicator, or objective, of humanitarian interventions. 'Top-down' sedentarisation programmes and initiatives that restrict movement have elsewhere proven ineffective and, in some cases, led to dire consequences. Instead, as stated in- the main text, it is intended merely to present this local perspective on effectiveness.

56. The community perspective that the humanitarian intervention allows them to stay in place does not necessarily imply that these peoples will in fact choose to stay in place. Elsewhere, it is shown that development can often lead to increased migration, rather than people staying in place. See for instance, Hein De Haas, 'Turning the Tide? Why Development Will Not Stop Migration,' *Development and Change* 38, no. 5 (2007).

57. James Morrissey. 'Environmental Change and Forced Migration: A State of the Art Review'. Refugee Studies Centre, University of Oxford, 2009. Accessed 10 October 2015. http://www.rsc.ox.ac.uk/files/publications/other/dp-environmental-change-forced-migration-2009.pdf.

58. The Government Office for Science. 'Foresight: Migration and Global Environmental Change. Final Project Report'. London: UK Government, 2011. Accessed 10 October 2015.  https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/287717/11-1116-migration-and-global-environmental-change.pdf.

59. Ibid

60. In distinguishing the differing views of those clusters receiving long-term and short-term support, it is important to note that one of the two long-term clusters interviewed, as well as the short-term cluster, received support predominantly from the same NGO using a similar HEA-based targeting methodology. This commonality, though not definitive, can help limit the attribution of the differing views from other potential factors affecting the experience such as communications approaches or targeting methodology.

61. Though quantitative methods would be necessary to statistically validate these trends and highlight any variation across different groups, the qualitative methods employed here present some interesting questions for future analysis.

62. See for instance Jean-Pierre Olivier de Sardan et al., 'Les transferts monétaires au Niger: Le grand malentendu,' *Revue Tiers Monde*, no. 2 (2014).; Jean-Pierre Olivier de Sardan, 'La crise alimentaire vue d'en Bas,' *Afrique contemporaine*, no. 1 (2008); Rossi, 'Why Donors and Recipients Should Not Be Compartmentalized in Separate "Worlds of Knowledge"'.

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# THE PHILIPPINES AND TYPHOON HAIYAN

## The Humanitarian Context

The Philippines is a middle-income South East Asian country made up of over 7,000 islands, with the majority of its fast-growing population (98.3 million) living on 11 of them. The country has been officially a democracy since 1986, following the fall of President Marcos, though it experiences fluctuating levels of political stability and variable economic strength – for instance, the economy grew by 7.2% in 2013, but the country is burdened by external public debt stocks of US$38 billion (as of 2014). A forty-year conflict on the southern island of Mindanao between Moro rebels and the Government officially came to an end with a 2012 peace deal, though the radical Islamist Abu Sayyaf group continues intermittent attacks. The country has also experienced a protracted guerrilla campaign by the communist New People's Army, with limited success in recent peace talks. Due to its location on a typhoon belt and the 'Ring of Fire', the Philippines is hit by an average of 20 major storms per year, and is prone to earthquakes and eruptions from the country's 20 active volcanos.

Typhoon Haiyan – known locally as Yolanda – was the 25th tropical storm in Filipino waters in 2013, making landfall on the eastern Samar Island on 8 November local time. Much of the devastating impact came from a storm surge (tidal wave), caused by the typhoon, that reached heights of 25 feet in some areas, including the city of Tacloban. The Philippine Atmospheric, Geophysical and Astronomical Services Administration noted that, when it made landfall, Typhoon Haiyan had sustained winds of 147mph and gusts of 171mph. It was the deadliest typhoon in the country's recorded history. Over 14 million people were affected across 46 provinces, more than one million people saw their homes severely damaged or totally destroyed, and 4 million were rendered homeless. Within days of the typhoon's landfall, the UN Emergency Relief Coordinator formally activated a system-wide Level 3 response – designating it the highest level of humanitarian concern. This led to

a large-scale interagency surge that saw over 450 international staff deployed within 3 weeks to the Philippines – a country with long-standing relationships with UN and humanitarian agencies, strong national capacities, and a well-developed disaster management system.

According to the official statistics of the Government of the Philippines, the typhoon resulted in over 6,201 deaths with over 1,785 people reported missing. The total funding for the response to the emergency phase was recorded by UN OCHA as US$865 million, including cash, in-kind, bilateral and multilateral aid. US$469 million of this was channeled to the Typhoon Haiyan Strategic Response Plan (November 2013 – October 2014) – constituting 60% of the $776 million requested to fully fund the plan. The top donors to the action plan were private individuals and organisations (US$120m), followed by UN agencies ($91.4m), the UK ($57.6m), Canada ($45.4m) and the US ($42.7m). Diaspora Filipinos around the world (numbering over 10m in total) came together to raise funds and assist through remittances, which in December 2013 totalled $2.2bn – a 9.1% increase over the same month of the previous year, making a significant contribution to the overall aid effort.

# A Culture Clash?
## Exploring 'appropriateness' and 'relevance' in the response to Typhoon Haiyan/Yolanda[1]

Jessica Field*

## Introduction

On 8 November 2013 the Philippines experienced one of the strongest typhoons to make landfalls on record. Known locally as Yolanda and internationally as Haiyan, the typhoon ravaged a substantial part of the Visayas region, leaving a devastating human toll in its wake: over 6,000 people were killed, 4.1 million displaced and a total of 14.1 million affected.[2] Such a destructive event demanded, and received, a wide-scale humanitarian response. The Government of the Philippines (GoP) called for international assistance, and organisations from across the world travelled to the affected areas to give aid and support, working together with their national and local counterparts. Subsequent evaluations have noted the response broadly as 'timely and relevant'[3] with the efficient deployment of pre-positioned goods down the supply chain and their clearance at sites in-country.[4] It was also described as 'effective … with various opportunities for learning at the global level'.[5] Several aid workers noted that they 'were struck by the frequent expressions of gratitude they encountered' from affected communities over the course of their time in the Philippines.[6] Challenges identified were, by and large, technical: supply chain bottlenecks, issues of land rights, poor coordination between the plethora of actors present post-disaster and so on.[7] Not surprising, given the scale of the impact. Importantly, in the acute emergency phase of the response (particularly the first few weeks), human and material resources were rapidly deployed and urgently-needed food, emergency shelter materials, hygiene kits and so on were prioritised for distribution and delivery. While many of the interviews conducted as part of this field study broadly supported the conclusions of these evaluations – with praise for the timeliness and scale of support, relevance of the emergency goods and services to urgent material needs, and criticisms for some of the technical and coordination difficulties – there was another aspect of assistance appraisal that did not receive so much attention, one that came up frequently in discussions on 'effectiveness', particularly with Filipinos:

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namely, the appropriateness and relevance of targeted aid in relation to non-subsistence needs and priorities.

Just one month after Yolanda hit, the GoP's Department of Social Welfare and Development (DWSD) and the Department of Education (DepEd) gathered local teachers, volunteers and government workers together for a day of pampering in the province of Leyte. These groups of people – simultaneously victims and humanitarian responders – were treated to free haircuts, given free cosmetics, and entertained by famous Filipino artists, including Aiza Seguerra. According to Government officials, this was inspired by DepEd Secretary, Brother Armin Luistro's encounter with a teacher from Tacloban whom he met just a few days after the typhoon made landfall.[8] Luistro observed that she was wearing lipstick and, taken by surprise, asked her why. Her response, he recalled, was *'Gusto ko Brother, kapag nakita ako ng mga students ko sa pagsimula ng klase, maayos ang itsura ko. Gusto kong isipin nila na nakabangon na ako para sila rin, ma-inspire na bumangon* (Brother, I want to look good when my students will see me. I want them to think that I have recovered so that they will be inspired to also move on)'.[9] Local DepEd staff interviewed as part of this research and also treated to the experience recalled that 'it was very effective; it was a month after Yolanda, people didn't have these things'; and a local NGO worker later explained to me that its importance in boosting a community sense of recovery was in the sense of dignity that wearing cosmetics brought, particularly for teachers, as lipstick is strongly associated with female teachers in the Philippines, almost as a part of the uniform.

That the teaching professionals recalled their pampering session as 'effective' humanitarian assistance in the aftermath of the typhoon suggests an experience of needs, vulnerability and recovery among these women that is worth examining. It hints at an understanding that links post-disaster recovery experience not only to a sense of dignity in terms of appearance and 'feeling human' again, but also to a status-identity connected to social and community structures (i.e. a status and identity as teachers that can inspire students by presenting some return to normalcy).

The definitional debates around the term 'dignity' are beyond the remit of this report. Suffice to say that it is generally – and not unproblematically – understood as a universal, a right of humankind,[10] and an important attribute of 'political life' that separates it from 'bare', or simply biological human existence.[11] The concept should be understood 'in multiple ways that reflect the values, histories and special circumstances of particular societies'.[12] In other words, dignity is a culturally embedded value and idea. Thus, as anecdotes and appraisals of humanitarian aid invoking dignity and community status came to the fore of this and other interviews, the 'cultural' aspects of the experience of Filipinos affected by this typhoon – both aid workers and citizens – took precedence in research. Questions arose over the

extent to which different cultural norms were accounted for in the response to the Typhoon, and whether that recognition informed programming. Where there was a clash in understandings of what humanitarian objectives should have been – due to differing culturally embedded values and perspectives – why did certain understandings of effectiveness 'win out' over others? Local needs and priorities are certainly prominent in development and assistance frameworks, particularly in the 'appropriateness' and 'relevance' criteria for evaluations.[13] Nevertheless, a central focus of the field research, and therefore the subject of this paper, has been to explore whether there is a disconnect in local and international understandings of these concepts as they determine action – such as assessing need and measuring vulnerability – and what the implications of that disconnect are.

## A note on definitions

'Culture' is a particularly contested term as there is no single, universally accepted definition. The work of Kreuter et al in the field of public health research states:

> There is general agreement that culture is learned, shared, and transmitted from one generation to the next, and it can be seen in a group's values, norms, practices, systems of meaning, ways of life, and other social regularities. Factors such as familial roles, communication patterns, beliefs relating to personal control, individualism, collectivism, and spirituality and other individual, behavioral and social characteristics are not inherently "cultural" but may help define a culture for a given group if they have a special meaning, value, identity or symbolism to the group's members.[14]

These concepts are gaining increasing traction in humanitarian studies and action, as a crisis-affected group's norms, values and systems of meaning are recognised as being 'a significant factor in creating higher levels of vulnerability' for some members of that group, while established power systems can unequally distribute risk.[15] Culture is also noted as having health, risk and resilience implications more widely, in that it can determine the acceptance and adoption of humanitarian messaging and programming by individuals and groups.[16] This is not to say that the formula for improving the effectiveness of humanitarian action for crisis-affected people therefore lies wholly with adapted targeting or tailoring approaches through translating one 'cultural language' – e.g. the best practice humanitarianism of INGOs – into another – e.g. that of everyday life in a *barangay*. Rather, the importance lies

in recognising that there are multiple cultures at play in such a situation – at the level of the family and community, at regional and national levels, in Filipino humanitarian responses, foreign humanitarian responses, and so on. Thus the 'effectiveness' of a response may be understood by one group, for instance, as attaining its objectives in terms of meeting physiological and material needs in the emergency phase, and by another group as prioritising a return to social normalcy through the receipt of non-life saving items – such as cosmetics for teachers. Vulnerability in the first instance is understood in subsistence and biological terms, in the latter it is understood along socio-cultural lines in status terms. 'Effectiveness' may even be understood by the same group in those two different ways in different moments after a disaster; they are not mutually exclusive opposites but form part of a complex set of broader humanitarian frames, which ultimately affect people's experiences of being vulnerable, their attitudes towards a response, and their longer-term recovery.

The necessity of accounting for social and cultural complexity in humanitarian assistance is acknowledged in the OEDC-DAC [Organisation for Economic Co-operation and Development's Development Assistance Committee] criteria for evaluating humanitarian responses, under the terms 'relevance' and 'appropriateness': 'Relevance is concerned with assessing whether the project is in line with local needs and priorities, as well as donor policy. Appropriateness is the tailoring of humanitarian activities to local needs, increasing ownership, accountability and cost-effectiveness accordingly'.[17] Although these definitions do call for a focus on local concerns, and policy documents relevant to these definitions do note the importance of paying attention to culture,[18] the actual understandings of needs and priorities that underpin them are rooted in a particular – and distinct – culture themselves. This can make 'tailoring' difficult in practice, as what might be defined a need and priority for some, such as lipstick, may not be as important to others in the same timeframe – e.g. UN agencies and INGOs, which largely understand needs in subsistence, capacity, and rights terms, for instance. This will be returned to in more detail below.

Why do such clashes of priorities occur, and what are the implications? Do 'appropriateness' and 'relevance' need revisiting in humanitarian programming to prioritise a consideration of non-subsistence and non-life-saving cultural values? The need for a life-saving and subsistence focus in the acute emergency phase of a disaster such as Yolanda is certainly not in question; the author recognises that resource constraints have a large role to play in determining what is and is not possible. Nevertheless, these questions of different self- and community-conceptions of need and vulnerability contribute to a larger picture of contrasting understandings of 'effectiveness', particularly where meeting 'need' – however defined – is a key criteria for success.

## An everyday disaster?

> 'The house in question is somewhat squat, its lines fairly uneven. Whether the architect who built it could not see very well or this result-ed from earthquakes or typhoons no one can say for sure'.[19]

Disasters such as earthquakes, typhoons, tropical storms, and volcanic eruptions are part of the fabric of everyday life in a country that famously sits on the Pacific 'Ring of Fire'. Typhoon Yolanda was not the only large-scale disaster to affect the Philippines in 2013.[20] In the early months of that year, Filipinos were still recovering from Typhoon Bopha, which made landfall in December 2012. In August 2013, Central Luzon experienced tropical cyclone Utor – locally known as Labuyo – which, although it was given relatively little attention in the international media, resulted in the evacuation and destruction of the residences of many Filipinos.[21] In October, just a month before Yolanda, the Central Visayas region experienced the Bohol earthquake, which affected more than 670,000 families.[22] On average, six to nine typhoons make landfall every year in the Philippines.[23] Thus, every day there are families throughout the country's 7,107 islands reconstructing and improving their lives following recent and long-past disasters, often simultaneously preparing for future ones. Indeed, so common are such experiences that they are almost nonchalantly written into the great literature of this nation. As José Rizal hints at in his description of Captain Tiago's house in *Noli Me Tangere*, published at the end of the 19th century, disasters are such a part of everyday experience in the Philippines that it is often difficult to attribute each crack in the wall of a home to the specific event that caused it.

This everyday nature of disaster experience certainly does not diminish its impact on the lives of Filipino citizens. Acknowledging its centrality involves a testament to the strength and resilience of communities that have continued to inhabit and survive, and in many cases thrive, in disaster-prone areas over the centuries; but it also involves recognition of the precarious situation of many who are trapped in a situation of chronic poverty;[24] a social situation that is perpetuated by recurrent disaster and exacerbates the impact of future disasters.

That 'the natural' and 'the social' cannot be separated from one another in reflections on the human impact of disasters has been long discussed in the social sciences,[25] and is increasingly recognised by national governments and international humanitarian organisations.[26] In humanitarian discourse, this recognition has been reflected partly through a characterisation of disasters as being shaped by 'hazard', 'vulnerability' and 'capacity', and for the reduction of risk to involve changes in social circumstances and behaviours.[27] In 1978, the

GoP enacted Presidential Decree No. 1566, which called for the strengthening of Filipino disaster control and capability, and 'emphasised self-reliance by encouraging self-help and mutual assistance'.[28] The government set up the National Disaster Coordinating Council that same year, which was renamed in 2010 as the National Disaster Risk Reduction Management Council, following the country's enactment of the internationally lauded Disaster Risk Reduction and Management Act (2010).[29] Building upon this Act, government, international, national and local agencies have been able to undertake and mainstream longer-term disaster risk-reduction (DRR) activities in the Philippines that cross over with what might be more traditionally understood as development programming.[30]

Disasters here in the Philippines are not seen as unexpected accidents, but as tied into pre-disaster community vulnerabilities and capacities. What the GoP recognised with such measures is that development programmes and humanitarian activities should complement one another in tackling everyday dangers and stresses and in addressing the shocks of disasters, both before they occur and after they hit. The GoP has sought to mainstream resilience-building and DRR in development planning across every level of government, investing almost US$800 million per year –no small sum for a middle income country, particularly in light of the international community's 'notoriously poor support' for DRR mechanisms.[31]

Such resilience-building and risk-reduction approaches to tackling the impacts of disasters reflect the global shift away from understanding them as 'unusual occurrences' that required rescue- and protection-orientated responses – termed the modernist approach of pre-1970s humanitarianism – towards post-modern approaches that recognise the interaction between disasters and individual and family positions of socio-economic dis-advantage.[32] In terms of disaster management, this shift has resulted in tacit recognition that what renders a community vulnerable to disaster is its relative position of disadvantage within a society; and this has subsequently led to a focus on social adaption and self-entrepreneurialism in preparedness, resilience-building and risk-reduction.[33] In terms of disaster response, it has resulted in vulnerability- and needs-assessments post-disaster, and the distribution of emergency aid based on targeting and prioritising the most socioeconomically disadvantaged and marginalised in an affected community. As such, the priorities of both post-modern disaster management and disaster response are the same. When asked what an effective humanitarian response entails, various international and national NGO workers based in the Philippines, who had worked in the response to Yolanda, explained that it involved 'ongoing assessments to keep on top of arising needs', 'targeting particularly vulnerable populations', 'capacity building' and 'improving resilience'. The vocabulary here reveals a relationship between resilience-building approaches of disaster management and targeting priorities during a disaster response.

Nevertheless, while this shift of focus from reactive protection to an emphasis on pre- and post-disaster socio-economic vulnerabilities and capacities might be a step in the right direction,[34] disaster management and response discourses as a whole still largely continue to perceive and approach these aspects of disasters in ways that are systematic, activity-oriented, time-bound, measurable, and implicitly focused on socioeconomic productivity – in other words, largely distinct from everyday local politics and cultures. In line with the evolving development discourse of the 1980s, disaster management developed a neoliberal hue, emphasising the importance of choices made by the poor in shaping their own outcomes; activities were increasingly designed around notions of social capital and the way in which the poor manage human and natural resources.[35] The idea was – indeed, still is – that high levels of trust, social norms and networks – key tenets of social capital – 'can be measured and a high accumulation of such capital contributes significantly to social, political and even economic performance'.[36] In this approach, the motives of social are reduced to economic terms, which has impacted understandings of disaster resilience and recovery. For instance, under the definition of disasters given by the United Nations International Strategy for Disaster Reduction (UNISDR) and used by the GoP to inform official disaster management policies,[37] the severity of impact on a given community is exacerbated in part by 'insufficient capacity or measures' with which to cope or reduce risks associated with disasters. Here capacity refers to 'physical, institutional, social or economic means [to reduce the levels of risk or effects of a disaster] as well as skilled personal or collective attributes such as leadership and management'.[38] As such, 'capacity' is about individual and social-network adaptability – an adaptability that is determined by entrepreneurial economic development, physical structures, human capital and governance.[39] The word 'insufficient' in this definition of disasters suggests that, where negative impacts have occurred, there was just not enough capacity – i.e. social capital – in quantity and/or quality and that communities would have been able to cope afterwards or reduce risks beforehand had there simply been more.

In disaster response terms, because an affected community is viewed as already vulnerable, with its existing capacity proven 'insufficient' by the facts of both the negative effects of a disaster and the subsequent call for assistance, 'sufficient capacity and capability' therefore become implicit determinants of the response hierarchy, i.e. the organisation of authority in leading the disaster response and activity management. The countries that 'have' capacity assist those that 'do not' and, crucially, they assist according to their own understandings of recovery. While this makes sense in some ways – as disaster responses are certainly costly, and the affected community, after all, has been overwhelmed enough to call for assistance – the entrepreneurial adaptability imperative of post-modern disaster management and response discourses can result in an inadvertent dismissal of the role of non-economic local politics

and cultures in boosting community resilience and coping, post-disaster. This results in a disaster response that may be appropriate and relevant in meeting immediate physical and material needs as determined through assessments and targeting activities – in OECD-DAC terms – but that potentially overlooks more traditional and cultural elements of community cohesion and disaster-related activities.

In the response to Typhoon Yolanda there was an apparent disconnect between the disaster priorities of many affected Filipinos and the programming of an externally driven response. In the first instance, certain aspects of everyday politics were overlooked in the delivery of emergency aid and the subsequent initiation of recovery programmes. By reacting to the disaster as a large singular event and targeting individuals based on 'best-practice' definitions of need and vulnerability, the assistance given to communities following Yolanda was not tailored to cultural understandings of recovery as informed by Filipino experiences of the disaster as a momentous but 'every day' event.

This was evident in the distribution of non-food items during the emergency phase and the livelihood assistance given during recovery. Affected communities interviewed as part of this research frequently expressed the wish that the emergency distributions following Yolanda had been uniform and equal across the community. 'We were happy to get less individually', reflected one woman from a Leyte *barangay*, 'as long as everyone in the community got the same'. Different items and levels of support were given to different community members according to the humanitarian practice of 'targeting', whereby distribution is determined – in theory at least – using a needs-based framework aimed at reaching the most vulnerable in a community. 'Beneficiaries' and those that didn't receive goods alike found the practice socially divisive due to its distortion of status in a given community. All four of the communities interviewed in Tacloban and Ormoc as part of this research expressed discontent at the targeting processes, stating that they disagreed or were unhappy with INGO differentiation between the poorest of the poor, the poor and those who were not in such dire need, as this targeting did not always accord with community definitions of 'poor' and 'in need', nor with self-association with those terms. In one Tacloban community a councilor recalled frustration that his family had received nothing due to the fact that he had volunteered to assist INGOs with distributions, thereby excluding himself as a recipient under the apparent distribution policies of those INGOs. As a councilor of the *barangay* with care-of-community responsibilities, he had naturally offered to help, but exclusion from distribution resulted in a sense of marginalisation and separation from the community's recipients.

A recent research project looking at accountability to affected populations after the typhoon, the Pamati Kita project,[40] has found similar experiences among affected community members. Pamati Kita researcher Dr. Jonathan

Ong recently noted that 'differentiated humanitarian relief within small communities sparks status anxiety. Intensified by traditional Filipino village relations where neighbours are regarded as extended family and people's sense of dignity (pagkatao) is defined by their status in the community, status differences marked by small luxuries hit hard on the have-nots. Those excluded from livelihood-project income borrow money from relatives and incur debt in efforts to keep up with neighbours' vegetable gardens and Christmas lanterns'.[41]

This issue of status anxiety must be placed in the context of wider Filipino culture and history in order to be appreciated in a disaster context. As noted by Ong, neighbours are regarded as extended family in Filipino society.[42] Children continue to be a part of their natal family even after marriage, and 'people who are not biologically related can make new claims on each other through fictive kinship, which creates ritual brothers, godmothers, and godfathers'.[43] This sense of family spans both the private and public realms, as contemporary indigenous Filipino – indeed, Southeast Asian – governance structures reflect cultural understandings of the obligations and responsibilities embedded in familial relationships.[44] In terms of pre-modern governance units, early Filipino settlements were known as *barangay*, which is a Tagalog word originally meaning 'boat' and referring to a boatload of related people, and their dependents.[45] The word *barangay* continues in the designation of a small polity, as the smallest, most prolific governance unit in the country. There are currently 42,028 *barangays* in the Philippines.[46] Traditionally these *barangay* kinship groups were led by a *datu* (a chief) and were defined by personal attachment rather than territorial location. The responsibility of a *datu* was both to lead and to share his wealth with the community and, as a class, *datus* were 'distinguished by their possession of larger-than-average, well-constructed, sometimes stockade houses filled with ... foreign prestige goods'.[47] Material possessions denoted status. But this evolving elite did not just siphon off wealth, it also created wealth through production and trade and shared the rewards with the community, particularly through feasting rituals. Through these practices *barangays* retained 'a high sense of locality and resolute interdependence' and, although the passing centuries yielded significant social change in the form of increased international trade, colonisation, and the introduction of Islam and Christianity, *barangays* have retained that sense of locality, *datu*-esque leadership – though modern '*datus*' are now elected and paid *barangay* captains – and interdependence.[48] Thus, Filipino social relations continue to be constituted and defined by a web of subordinate and superordinate social ties that determine roles in the community, relative status, and resource allocation, and oblige reciprocal exchange.[49] Indeed, as Kerkvleit has observed, the modern democratically-elected *barangay* captain is empowered, in consultation with *barangay* councilors, to mediate disputes and handle crimes involving residents, decide how resources owned and

controlled by the village should be used, and solicit funds and other assistance from municipal, provincial and national government bodies.[50]

In the context of Typhoon Yolanda, humanitarian agencies ascertained key information about community needs through direct engagement with *barangay* captains, among other consultations.[51] Lists of the most vulnerable in the community and their needs were drawn up by the captain, the local councilors and the agencies. This information was then verified by the agencies through observations in the communities and through interviews with selected members, and assistance was largely determined and distributed accordingly.[52] This approach appears to align with the *barangay* governance culture and social organisation, in that the captain's authority was respected and needs were determined both in consultation with key decision-makers in the community and through direct observation of need. So, returning to the feedback from community members about the humanitarian assistance, why did so many express their disappointment that the distributions and support were not equitable and uniform?

Foreign engagement with local power structures can reproduce social inequality and vulnerability – this may have resulted in a call for fairer distribution by those who were not favoured by the captain's distribution lists and felt marginalised.[53] This does not seem to be the full answer, however, as aid worker interviewees noted the diverse lengths they went to acquire and triangulate feedback from different individuals and groups within a given community, specifically in order to prevent the undue influence of individuals in authority. Activities included: broad consultations in community and small groups and with individuals, regular field observations, anonymous feedback boxes, frontline messaging services, and poster communications. Moreover, *barangay* members interviewed as part of this research without the presence of the captains expressed the same dissatisfaction at targeting as those interviewed with authority figures in attendance.

An alternative explanation for the disconnect between international humanitarian responses and Filipino socio-cultural values and practices lies, in part, in acknowledging the Western cultural roots of technical humanitarian assistance and the assumptions about governance, social organisation, and vulnerability that underpin its practice. While in one sense there was a recognition of Filipino social organisation in the form of acknowledged authority of the captain and the need for broad consultation, there was also an imposed value-system in the sense that dominant needs-based frameworks differentiate people within a community and distribute material resources based on that designation. In three out of the four *barangay*-group interviews where captains and/or councilors, and community members were present, all participants collectively expressed dissatisfaction in the final lists that were used to inform goods-distribution, despite apparent prior consultation. And this chimes with interviews with some INGO staff, who noted that while

consultation was an important aspect of community participation, non-food items and livelihood support were ultimately given based on a variety of needs assessments, including best practice-informed vulnerability measures. These contrasting norms that originate from the different cultural value systems of *barangay* communities and INGOs bear closer examination.

## The value of vulnerability

> When Yolanda came, the typhoon did not select its victims, however when help came it was selective… Food, security and livelihood support should have been shared more widely and then there would be no more poor people.[54]

On the surface, this reflection by a *barangay* captain on the humanitarian assistance his community received invokes a basic problem that restricts everything the humanitarian industry does: resource limitations. If humanitarian organisations had unlimited resources, so the train of thought goes, aid would certainly be shared more widely, and communities could recover quicker from the impacts of disasters. This is a key driver of the strategy of humanitarian agencies as they seek larger and longer-term grants from donors. However, the captain's feedback also suggests another important determinant of humanitarian assistance and its reception by 'beneficiary' communities: shared values and their influence on understandings of what humanitarian objectives should be.

Two core values that help in coping with disasters and everyday hardship in the Philippines are *pakikipagkapwa* and *bayanihan*. These values have no direct linguistic translations into English but *pakikipagkapwa* can generally be understood as 'community' in the sense of a group of people existing in a kind of collective unity, accepting and dealing with others as equals and each holding in regard the dignity and being of the other.[55] *Bayanihan* refers to deep concern for the community and the need to 'toil' on behalf of others – 'it is working together to our utmost to get the job done'.[56] These two values are of course defined, understood, and woven into Filipino life in many forms, but a pervasive image that perhaps most clearly expresses the *bayanihan* spirit is the old tradition of community members helping to relocate a family by carrying the entire homestead to the new location upon their backs and shoulders.

Sylvia Guerrero writes that 'the value of *pakikipagkapwa* (humanness at its highest level) is stressed in Filipino culture – Filipinos give importance to equal treatment of persons – giving high regard for the dignity and well-being of others'.[57] This value requires not taking actions or decisions that would be

harmful to the dignity of another person; it is closely linked to community unity and *pagkakaisa* (consensus), which is considered the highest level of interaction possible.[58] Given that wealth and material goods designate a form of status, status links to dignity, and dignity is a key feature of interpersonal kinship relations at *barangay* level and beyond, it follows that distribution and allocation of resources and support is culturally a highly sensitive and political issue, relating to the sense of collective and individual identity. In this context, humanitarian targeting and aid selectivity can have potentially disruptive effects.

The 'targeting' approach of humanitarian organisations is rooted in the assessment of disaster-prone societies through the lens of needs and vulnerabilities. The vulnerability paradigm gained prominence in the 1980s as a means to understand risk in a different way to the technocratic perspective that regarded disasters primarily as physical occurrences requiring technical solutions. The underlying view is that 'social processes generate unequal exposure to risk by making some people more prone to disasters than others, and these inequalities are largely a function of the power relations operative in every society'.[59] The determination of vulnerability is complex – it is understood as produced by a combination of factors derived primarily (though not exclusively) from class, gender and ethnicity[60] – and the approach seeks to combine understandings of communities' exposure to risk with their social, economic and cultural abilities to cope.[61] Despite its complexity it has increasingly become an alternative approach to the modernist/technical paradigm of intervention which dominated in the mid-to-late twentieth century. As Greg Bankoff and Dorothea Hilhorst have noted: 'the powerful insights that vulnerability has to offer have not gone unnoticed. It has increasingly found inclusion in development jargon to identify people particularly in need of interventions'.[62]

In the context of the Philippines it is a framework actively integrated into humanitarian responses and development programming through disaster management: in the Yolanda response, organisations have, variously, undertaken studies on the 'determinants of vulnerability to natural hazard',[63] 'hazard and vulnerability mapping' before and after the typhoon,[64] and launched assistance programmes to 'help the most vulnerable and fragile populations'.[65] The GoP too refers to the concept in the 2010 Republic Act No. 10121, describing, in Section 3, 'Vulnerable and Marginalised Groups' as 'those that face higher exposure to disaster risk and poverty including, but not limited to, women, children, elderly, differently-abled people, and ethnic minorities'.[66] In turn, these studies and mapping activities feed into needs assessments, which are for many agencies the primary tools used to determine aid provision following a disaster.[67]

What this approach does take into account is the relationship between a hazard, risk and the social processes that expose some communities to them

more than others. In terms of disaster management, vulnerability represents the social contribution to risk in a disaster, classically captured in the influential pseudo-formula: Risk = Hazard + Vulnerability.[68] As a framework for informing assessments of need, it actively encourages a bottom-up, community-participation approach. However, needs assessments influenced by the vulnerability paradigm do not consider the geopolitical and historical roots of the concept itself, and how the framework often reflects very specific cultural values, relating to the way in which certain areas of the world are imagined.[69] Although the term vulnerability recognises that exposure to disasters is socially constructed, the form of social construction involved is viewed from an external perspective, and as detached from the power relations and value-sets that are integral to it.[70]

By definition, the vulnerability paradigm encourages an understanding of those described within its parameters as weak and in need of assistance,[71] terms that in a disaster context are typically conflated with poverty and marginalisation.[72] Referring to its conceptual origins, Bankoff connects the vulnerability paradigm to historic discourses of 'tropicality' and 'development', which all 'form part of one and the same essentialising and generalising discourse', relying on Western conceptions of the self and the other.[73] Not only are 'vulnerable' populations homogenised in this framework as ostensibly 'helpless victims', but the paradigm also provides justification for the West's continued interference and intervention in the affairs of others.[74] Cheryl McEwan has noted that this was evident in early reporting following the 2004 Indian Ocean Tsunami, where technological deficiency – the absence of an early warning system – was blamed as a significant contributor to the large-scale loss of life.[75] Responsibility was placed at the feet of governments who had reportedly ignored calls for such a warning system and therefore had abrogated their responsibilities.[76] Moreover, just a few days after the tsunami disaster hit, media publications in the West were already publishing extensive maps of who was giving what and where, 'emphasising the passivity of the affected countries in the South and the dynamism and the generosity of the … individuals, government and aid organisations of the North'.[77]

This narrative can be seen in operation nine years later in the response to Typhoon Yolanda. Not only have various actors decried the failure to clearly communicate early warnings as contributing to the high loss of life,[78] but the international media extensively covered the international assistance leveraged to affected-communities, largely overlooking individual, local and regional assistance – both organised and ad hoc.[79] Moreover, the very nature of the international humanitarian financing system – with its strict donor-reporting requirements, fundraising needs, and tendency to place inter-agency and inter-governmental territoriality over expertise – virtually necessitates the production of internal and external (public-relations) materials that laud international efforts and direct attention first and foremost on to externally

managed interventions at the expense of any other kind. However, while early warning systems certainly failed, and media coverage arguably reflected (rather than distorted) the scale of the international response to the typhoon compared to the domestic non-governmental response (in monetary terms, in the emergency phase, at least), these narratives do not challenge the essentialising discourse of vulnerability that presents those affected by disaster as passive victims needing external, expert assistance.

The problems that can result from this paradigm are twofold. Firstly, the focus on a lack of early warning systems, and the lamentation that people did not heed warnings, reinforces the notion of primitive and passive victimhood. Not only did these communities seemingly fail to establish an effective warning system network, so the argument would go, but even when told of an impending devastation they chose to remain in their exposed homes and communities. However, a common recollection of one of the causes of low evacuation rates in the days preceding the landfall of typhoon Yolanda was the fact that the projected tidal impact on the exposed coastal regions was referred to as a 'storm surge' rather than a tsunami or a destructive wave.[80] While the two are scientifically different phenomena, it was acknowledged that had the threat of the storm surge been likened to that of a tsunami (for a coastal population hit by a wave, the impact would be similar), the coastal regions would have seen higher evacuation rates, particularly due to familiarity with the 2004 Indian Ocean tsunami and the more recent 2011 tsunami in Japan.[81]

Similar criticism has been levied against participatory community hazard mapping, a key tenet of the Disaster Preparedness and Prevention (DPP) and DRR programmes, which are different but both aimed at reducing community vulnerability to future disasters by reducing risk and increasing preparation. The focus on the efficiency and accuracy of technology in GIS-mapping of community areas exposed to hazard risk has led to the production of maps that are as impressive and detailed in geo-spatial accuracy as they are inadequate in capturing local knowledge of hazards and vulnerabilities.[82] In reality it is local knowledge and experience of an area that more often influences the reactions of exposed communities in the advent of a disaster. One manager from a national community-based disaster management organisation commented that many community members do not even know how to read the GIS-generated maps, rendering them useless in a disaster situation.[83]

The second and related problem is that these narratives of technological deficiency, insufficient expertise, and passive victimhood can contribute to justifications for an inequitable distribution of international humanitarian resources through established financing mechanisms. Emergency draw-down conditions and arrangements continue to overwhelmingly favour international agencies over national and local organisations and groups in disaster-affected countries.[84] As most bilateral donors rely on self-reporting by their funding recipients, concerns about quality programming and adherence to humanitarian principles and standards are affected by discourses around expertise, notions of vulnerability, and concern over capacity, and this is reflected in the constant selection by these donors of few and familiar partners – specifically large INGOs.[85] The humanitarian news network IRIN recently reported that 'between 2009-2013 local and national NGOs received 1.6 percent of the humanitarian aid that international donors gave to NGOs, representing 0.2 percent of total humanitarian aid'.[86] While there are moves towards reforming emergency funding approaches – the Start Network offers one example[87] – the fundamental issue of the asymmetric nature of international humanitarianism remains steadfast. The vulnerability paradigm not only discourages alternative discourses of coping and recovery,[88] and differentiates individuals and groups within a community in a way that those individuals and groups may not consider accurate or fair, it also reinforces the status quo of the international funding and financing mechanisms.

## Seeking complementarity

Experiencing and surviving natural disasters and everyday hardship involves much more than retrieving the fragments of a storm-damaged house or repairing fishing nets to maintain a livelihood. Experience and survival are also shaped by everyday political and cultural values and knowledge. These are developed individually, co-constructed within a community, and informed by a diversity of historical and contemporary human and and environmental interrelations. These values and areas of knowledge – key aspects of all communities – shape the way that people define a disaster, the way they look for solutions, and what they even consider to be a disaster and a solution in the first place.[89]

Given the everyday nature of disaster experience in the Philippines, communities have developed a range of adaptive practices aimed at countering, or coping with, the risks and realities of hazards. Houses built on stilts offer a clear example of practical Filipino adaption to hazards such as floods. In terms of indigenous livelihoods and crop production, diversity and fragmentation have historically provided a buffer against a range of meteorological and seismic disruptions. Fragmented farming practices, for example, spread the harvest across separate parcels of land, enabling farmers to retain productivity through wet and dry season cycles, as well as increasing the likelihood of saving crops in one area or another in the event of a disaster.[90] Here there is the clear overlap between disaster preparedness and everyday productivity. Survival behaviors can also be seen in migration patterns on both a small and large scale. Community members of a *barangay* in Tacloban noted that the numbers of children at the local school had depleted as families moved further inland to decrease their risk of exposure to another storm surge. Additionally,

cognitive responses offer coping mechanisms that are culturally specific and important for both survival and the construction of community identity. As well as *pakikipagkapwa* and *bayanihan* previously noted, Bankoff explains the importance of *bahala na* – a 'leave it to fate' attitude rooted not in despondency but in 'courage and daring' and a 'finely calculated assessment of risks' – and *pakikisama*, which refers to community sanction for breaking ranks.[91] These, Bankoff explains, all feed into the creation of a sense of shared community that will ensure support for its members in periods of hardship. Finally, and related to all the above, there is a strong narrative of faith and religion in individual and community engagement with their environment and hazards – something not explored in great detail in this paper but of vital importance in the everyday lives of the majority of Filipinos.[92]

The importance of these mechanisms for coping, survival and prosperity in everyday life, as well as in the face of a disaster, lie in their socio-cultural and human-environmental appropriateness for those affected, particularly as this knowledge has been built on historical as well as contemporary experiences, and transmitted through generations. For instance, the desire expressed by the woman in the typhoon-hit Leyte province for an equitable distribution of goods – even if it meant each member received fewer supplies – cannot be understood in simple terms of material envy and dependency, owing to the unfortunate consequence of not being the most 'vulnerable' in the community and therefore a lesser priority in INGO targeted distributions; her individual needs in this instance are perhaps better understood when also placed in the context of wider Filipino values such as community unity, consensus, dignity, and status. As another example, a Filipino aid worker for an international NGO reflected on the psychosocial support programmes offered by her employer and similar organisations, stating that the often individualistic approach of INGOs to post-disaster counselling conflicted with more local traditions of turning to kinship networks for informal support and comfort. The INGO approach here is not inherently wrong, but it is not without its own cultural values either, and can have a socio-cultural effect of disrupting community support mechanisms and increasing vulnerability in the different sense of marginalisation. Additionally, a frequent call by many community members from various *barangays* interviewed as part of this research was for purpose-built evacuation centres in each *barangay* that could safely shield everyone from a hazard and would not involve use of valued community buildings such as schools and churches. Here lies an acknowledgement of likely future hazards (re-emphasising the everyday nature of disaster response in the Philippines) but also of community togetherness in survival – namely, sheltering together in the evacuation centre rather than their own homes and enabling important community practices to continue post-disaster, such as education and religious worship.

Capturing these terms of communal knowledge, experiences and priorities for programmatic learning is inevitably complex, and is hindered by certain paradoxes. A difficulty in designing humanitarian assistance around local traditions and knowledge would of course be that they are neither static – as they adapt to relevant outside knowledge, practices and innovations when there is a clear benefit to survival or general prosperity[93] – nor are they uniform in the sense of all Filipino communities and individuals being motivated by the same norms and values. The same can be said for the dominant Western humanitarian model, which is neither homogenous nor consistent across time and space. Moreover, international and local knowledge-bases are not equally shared within a given community. Looking at a local level, anthropologist Soledad Dalisay notes that some knowledge within a single community will be unequally shared due to learning and information-sharing practices that privilege the village elder, for instance; or that certain knowledge will be a source of power and prestige for particular groups – such as a fisherman's knowledge of the sea.[94] These complexities present problems in any attempt to embed local knowledge and contexts within international non-governmental and national government-led models of humanitarian assistance, as they cannot fit the dominant approach of standardisation that informs contemporary international humanitarian engagement. Indeed, not only does taking a 'best practice' approach encourage organisations to standardise aspects of responses for both replicability and measurement purposes, it also currently demands the mainstreaming of certain values and social categories that do not necessarily cohere (for better or worse) with context-specific and culturally-rooted values at the sites of assistance, such as gender, class, age, community participation and so on.[95] Nevertheless, the complexities and contradictions of simultaneously operative and culturally distinct approaches to disaster response (by INGOs, communities and individuals, among others) do not necessarily prohibit co-constituted adaptations to understanding and programming for humanitarian effectiveness. Or, at least, they should not, as long as standardisation, coordination and outcome measurement do not become end goals in themselves.

## Conclusion

The issue of the socio-cultural appropriateness and relevance of the humanitarian assistance to Typhoon Yolanda rests upon two aspects of asymmetry that must be acknowledged before they can even begin to be tackled. Firstly, no humanitarian concept or approach is value-neutral. The concept explored in this paper has been that of vulnerability, but the whole vocabulary of humanitarianism, used to inform and legitimise activities of governmental and non-governmental actors, is laden with competing and contradictory cultural assumptions and norms, and these must be explored

in their turn. Appropriateness and relevance as assessment criteria are still useful and important in their emphasis on aligning assistance with local needs and priorities. However, there has to be a clearer consciousness of the values, norms and priorities that international humanitarian actors (the UN, INGOs, for example) bring to the context, as well as of the local culture that assistance will be tailored to. This should include a related analysis of the implications of potential clashes in norms and values as they affect community understandings of what constitutes effective action.

Secondly, the asymmetry of power and monetary resources in the international Humanitarian System perpetuates and reinforces the image of affected communities as passive victims and recipients of assistance. Local mechanisms and values developed for inter-personal and community resilience, survival, and coping over the course of generations in the Philippines – such as *pakikipagkapwa, bayanihan, bahala na, pakikisama* and so on – can only ever be superficially embedded in humanitarian programmes as long as the programmes continue to: i) be informed by largely Western knowledge and values (such as targeting based on vulnerability measures); and ii) be funded by donors that partner with the few and familiar INGOs who, due to a variety of pressures, require tangible and measurable outputs informed by their own value-sets (such as numbers of 'vulnerable' category recipients reached in an intervention, for instance).

There are clear complexities and contradictions that come with a broadening of appropriateness and relevance to include a more nuanced and reflexive look at the culture of the aid implementers as it contrasts with affected-community norms and values.[96] And this paper has only focused on the practices of a small section of those implementers, predominantly INGOs, and the example of Filipino communities. Nonetheless, there is an evident asymmetric power dynamic that privileges a Western-influenced model of assistance. And this privilege can come at the expense of investment in capturing and understanding local and national knowledge and social/cultural practices that frame appropriate action differently through, for example, prioritising equity over targeting. The latter application of local and national priorities and values may not yield straightforward data that prove the effectiveness of a given assistance activity, particularly in a short-term monitoring period, but they may nevertheless contribute to a sense of survival and recovery that more closely accords with personal and community understandings and experiences of disasters over the longer term.

# ENDNOTES

1. Field research for this study was undertaken in the Philippines between late January and late February 2015, in Manila (the capital city and location of many organisations' headquarters), Tacloban (in the Eastern Visayas region, one of the worst affected areas) and Ormoc (a city also in the Eastern Visayas and badly hit by the typhoon). Interviews included four community group discussions – one with only elected council members, the remaining three with a cross-section of the communities – as well as two focus-group discussions with INGO aid workers, and forty-five individual/small group interviews with foreign aid workers based in London, foreign aid workers based in the Philippines, national and local Filipino aid workers, local and national officials, academics based at the University of the Philippines, and a range of different people affected by the typhoon. The content of this report does not reflect the opinion of Save the Children UK. Responsibility for the information and views expressed in the report lies entirely with the author.

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# SOUTH ASIA
The Humanitarian Context

In 2014, Monsoon rains were especially intense in South Asia, killing hundreds of people, displacing millions and damaging houses, livestock and infrastructure in Bangladesh, India, Nepal and Pakistan. In Bangladesh, floods affected 20 districts in the northeast and central regions, including some of the hardest to reach and poorest areas of the country. In India, the state of Jammu and Kashmir suffered the worst floods in 50 years, which also affected six other states, as well as North and East Pakistan. In addition, the Indian state of Odisha was hit by cyclone Hudhud months later, forcing a massive evacuation. In Nepal, while floods and landslides were less destructive than in neighbouring countries, the most affected areas in the mid-West were not prepared for an event of such magnitude. In sum, unexpectedly heavy monsoon rains directly affected 13 million people in India, two and a half million in Pakistan, two million in Northern Bangladesh, and almost 180,000 in West Nepal.

As one of the most disaster-prone regions in the world, South Asia is no stranger to natural hazards. Three out of the ten deadliest natural disasters since 1980 have happened in South Asia, including the Indian Ocean Tsunami, the cyclone that devastated Southeastern Bangladesh in 1991, the 2005 Kashmir earthquake, and the Nepal earthquake in April 2015. In addition to those large-scale disasters, a multiplicity of medium and small natural disasters has hit the region and continues to do so with increasing frequency. South Asia is also home to protracted conflicts in Afghanistan and Pakistan, and also to a high number of low-intensity ones.

Although South Asia has suffered the largest number of fatalities from natural disasters in the Asia-Pacific region – more than 1 million people between 1970 and 2014 – there is a consistent downward trend since the year 2000. Economic losses from natural disasters in South Asia are considerable – 0.37 percent of Gross Domestic Product between 1970 and 2013 – and have remained unchanged during the last decade, with floods accounting for most of the damage to infrastructures, houses and livelihoods.

During the last two decades, national and regional natural disaster management legislation has been passed, and relevant bodies have been set up and approved across South Asia. As a result, states in the region adopted a more visible role in disaster preparedness, early warning, and response. In

addition, the South Asian Association for Regional Cooperation established the Comprehensive Framework on Disaster Management, the Agreement on Rapid Response to Natural Disasters, and the Disaster Management Centre, following the example of the Association of Southeast Asian Nations.

This process is taking place in a region that for decades has been the destination of considerable flows of foreign aid, and is home or destination for a plethora of international and national aid organisations, among them some of the largest and reputed Southern NGOs.

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## On Authority and Trust:
## A reflection on the effectiveness of disaster management in Bangladesh, India and Nepal[1]

Fernando Espada*

## Introduction

When climate experts gathered in India in April 2014, for the fifth annual meeting of the South Asian Climate Outlook Forum (SASCOF), their task was an extremely difficult one, from both a technical and a political point of view: to produce a rainfall forecast of the summer monsoon that runs between June and September. The so-called Consensus Statement predicted that 'below-normal rainfall is likely over broad areas of western, central and south-western parts of South Asia and some areas in the north-eastern parts of the region', and that 'normal rainfall is likely over broad areas of north-western and eastern parts and some island areas in the southernmost parts of the region'.[2] In other words, in 2014 the monsoon might bring less rain than normal. Following this typically sensitive SASCOF statement, the meteorological agencies of the eight South Asian countries reacted with their own assessments, balancing meteorological and political calculations for national consumption. The threat of drought in South Asia could trigger a considerable level of anxiety in countries whose economies largely rely on agricultural production. Less controversial was SASCOF's dismissal of the possibility of heavy rains in the region, since 'no part of South Asia has above-normal rainfall as the most likely category'.[3]

Five months later, heavy rains across South Asia displaced half a million people in Bangladesh, seriously damaged thousands of houses in eighteen districts in West Nepal, and caused the worst floods in fifty years in Jammu and Kashmir (J&K), spreading also to six other Indian states and areas of east Pakistan, where 367 people died. In October, cyclone Hudhud hit the Indian state of Odisha, forcing a massive evacuation, and reached Nepal a week later, killing 29 people. In sum, late monsoon rains directly affected 13 million people in India, two and a half million in Pakistan, two million in Northern Bangladesh, and almost 180,000 in West Nepal.

South Asia is home to a fifth of the world's population[4] – a third of which

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lives in poverty – and includes several of the most populated democracies in Asia. It also has some of the best performing economies in the developing world, with per capita income in the region now 50 per cent higher than that of sub-Saharan Africa, the two having been equal in 1990.[5] Of course, South Asia is a diverse region, with countries performing differently depending on the criteria used for comparison. As Jean Drèze and Amartya Sen[6] explain, although India is doing much better than its neighbours in terms of growth of per capita income, countries such as Bangladesh have overtaken it in many social indicators – for example, life expectancy, child survival, immunisation rates, reduced fertility rates and several schooling indicators. Even less developed and stable neighbours such as Nepal, which suffered a civil war not long ago, are closing the gap with India in many socio-economic indicators – life expectancy at birth, infant mortality rate, access to improved sanitation and female literacy rate – even when the per capita income of the latter is three times higher. The comparison between war-torn Pakistan and India doesn't show great difference in terms of those indicators either.[7]

As one of the most disaster-prone regions in the world, South Asia has suffered considerable physical and material losses in recent decades. Three out of the ten deadliest natural disasters since 1980 have happened in South Asia.[8] They include not only the Indian Ocean Tsunami, but also the cyclone that devastated south-eastern Bangladesh in 1991, killing 139,000 people; the 2005 Kashmir earthquake that caused 88,000 casualties in Pakistan and India; and the Nepal earthquake in April 2015 that killed 9,000. A large number of big, medium and small natural disasters could be added to the list; several of them can be attributed to the effect of climate change, a trend that, according to the Asian Development Bank, could make South Asian countries lose the equivalent of 1.8 per cent of their annual gross domestic product by 2050, and up to 8.8 per cent by 2100,[9] as well as bringing about an increase in morbidity and mortality from dengue fever, malaria and diarrhoea, and an increased number and intensity of weather-related hazards.

South Asia is home to well-known protracted conflicts in Afghanistan and Pakistan, but also to a high number of low-intensity ones. Just in India – defined by some authors as the 'world's most violent democracy'[10] – there are up to forty active conflicts: in Jammu & Kashmir, Punjab, Assam, Nagaland, Manipur, Mizoram, Tripura and Gorkhaland. Moreover, the Maoist insurgency is active in nine states and more than 200 of the country's 640 districts; more than 4,800 civilians have been killed as a result since 2004, according to the Indian government.[11] In Bangladesh, 431,000 people[12] remain displaced by inter-communal violence and conflict, and almost 250,000 Rohingya from Myanmar have sought refuge in the country, although the Government only agreed the refugee status of 30,000. In Nepal, the decade-long civil war ended only in 2006, and the resulting scars are still visible. Regional tensions, often around unresolved territorial disputes, are also a reality in South Asia, with

the intermittent Indo-Pakistani conflict in Jammu & Kashmir as the most notorious example.

The political structures and governance systems of South Asian countries are also diverse but, despite an often turbulent political past and present, today they are recognised as reasonably stable democracies. However, in South Asia 'military rule, monarchy and centralised autocratic political systems are accepted within the framework of democracy'.[13] Moreover, South Asian countries have experienced 'rampant government corruption, fierce political competition, relatively inefficient bureaucracies, and weak political leadership'.[14] This assessment is confirmed by the *Worldwide Governance Indicators,*[15] according to which South Asian countries' performance in *voice and accountability*, *political stability and absence of violence*, *government effectiveness*, *regulatory quality*, *rule of law* and *control of corruption* is consistently lower than that of countries in East Asia and the Pacific, and similar to the average scores of sub-Saharan countries. Even more important for this study,

> Rather than move towards improving transparency in governance and make the executive more accountable, regimes throughout South Asia have become more defensive in their political responses leading to in-tolerance of criticism not just from their opponents but even from civil society where all criticisms are seen to be politically motivated.[16]

For decades, South Asia has received important flows of foreign aid. In fact, India has received more aid than any country in the world since the 1950s – $100 billion – and other countries in the region have received considerable amounts of aid relative to the size of their economies.[17] Unsurprisingly, for decades South Asian countries have been home to or the destination for thousands of international and national aid organisations, from United Nations agencies to international and local non-governmental organisations (NGOs). In fact, some of the biggest Southern NGOs – such as BRAC in Bangladesh – can be found in the region, as well as local members or branches of most international NGOs (INGOs).

Mega disasters like the Indian Ocean Tsunami in 2004 created the momentum for the establishment of national and regional disaster management mechanisms that, among other issues, were expected to strengthen coordination among the plethora of international and local actors that populated the region. During the last few decades, national disaster management bodies have progressively taken the lead in responding to emergencies, as well as setting up early warning mechanisms and preparedness activities, also at the regional level.

In this framework, a redefinition of the terms of engagement among South Asian states, international aid organisations, and civil society is taking place in

South Asia. This conflictive process should not be understood as a mere change in technical roles and responsibilities, but as a deeper shift in which state and non-state governance structures are altered, and international and national actors struggle to protect their space. The consequences of this ongoing process have been visible in the perceived effectiveness of the response to recent disasters in South Asia, as explained in the following section.

More specifically, there are two factors that hinder humanitarian action in South Asia, raised in the majority of the interviews conducted for this study, in Bangladesh, India and Nepal. The first factor is a direct consequence of how authority is understood and exercised in South Asia. Perhaps one of the least understood determinants of the effectiveness of humanitarian aid, the importance of authority lies not only in the fact that an effective response requires the commitment and participation of states, but also in the increasing role played by governments, local authorities and officials of humanitarian action and disaster management in South Asia. As Rehman Sobhan explains, the development of national bureaucracies has led 'to political nepotism in administration, where loyal bureaucrats are used to play a partisan role in the service of the ruling party rather than the people'.[18] Disaster management structures and emergency responses are not detached from these processes.

The second factor – linked to the first – is the lack of mutual trust among the different actors responding to emergencies. Coordination mechanisms of state and non-state humanitarian actors, both national and international, often function under the premise of a mutual trust that in fact is weak or non-existent. Although not acknowledged in public, government departments, UN agencies, NGOs and donor agencies treat each other with mistrust, reducing the extent to which the response can meet the expectations of people most affected by the emergencies.

### On emergencies, humanitarian need and response[19]

In early September 2014, when the J&K state government confirmed the first ten deaths caused by the heavy rains, the Indian Meteorological Department announced even more rains to come in the days ahead. While the annual average rainfall is around 1,000mm, some areas received more than 350mm of water in only four days. Heavy rains melted mountain glaciers more rapidly, making the rivers flow well above normal levels. Soon, dozens of bridges had been destroyed, roads disappeared under the water and Srinagar, the state summer capital, was almost completely flooded for two weeks.

Following a directive from Prime Minister Narendra Modi, India's National Crisis Management Committee requested all possible help from government agencies. Almost 15,000 soldiers and dozens of Air Force helicopters were deployed with teams of the National Disaster Response Force (NDRF) and the

J&K State Disaster Response Force (SDRF) to work on the rescue operations. For the Indian government, this emergency was more than just the response to a natural disaster. Of course, the massive flooding would test the government's disaster management capacity, but it would also test its willingness to respond effectively in a region where the Indian Army is perceived as party to a conflict that has been running since 1947 – as well as test the level of acceptance of that help among the Muslim population. The Indian Red Cross and international and national NGOs were also active in the response. Sphere India – a network of over forty international and national NGOs, UN agencies, and the Red Cross – activated the Unified Response Strategy to facilitate coordination of the relief operation among member organisations and with the national authorities, and requested the elaboration of a joint needs assessment. Action Aid, Handicap International, Islamic Relief, Médecins Sans Frontières, Mercy Corps, Oxfam and Save the Children were the few international NGOs with pre-existing presence in the region and some capacity to respond to the emergency, particularly on account of their partnerships with local organisations. For many NGO staff members, this was the first time they had to respond to an emergency in a city, where 'work has to be done house by house', making it harder to reach all of the affected population. Their task was made even more challenging by the poor quality of the data shared by the state government.

The government's efforts to improve its image in J&K started almost at the same time as the first rains flooded the state. Prime Minister Modi visited Srinagar as early as 7th September – five days after the emergency declaration – and announced an additional $150 million for relief operations. National TV channels and some of the most important newspapers in New Delhi presented the Indian Army as a *band of heroes* – 'the military won't move back to the barracks till the last man is brought to safety'[20] – offering detailed information of the relief effort on a daily basis – 10,000 blankets, 150 tonnes of rations, one lakh (100,000) ready-to-eat meals, 400,000 litres of milk, etc. – and images of soldiers rescuing citizens. In a press release dated 19th September, the National Disaster Management Agency provided yet another detailed account of the assistance delivered by the NDRF: more than 50,000 people rescued from affected areas of Srinagar, 7,000 patients treated and thousands of tonnes of food aid, water, and non-food items.[21] In contrast to this idealised image of the government and the Army, media in New Delhi presented the J&K administration and the local police in a negative light. While the Army continued to be described in impressive terms – 'more than 60 army columns and 13 engineer teams tirelessly working to rescue precious lives trapped in flooded villages'[22] –, the J&K state police were described as helpless with 'a complete breakdown of command and control'.[23]

The positive picture of the response that emerged from New Delhi media contrasted with the local and international media coverage of the floods in J&K, which was largely negative. Kashmir newspapers were largely critical of

the role of the Army and the New Delhi government, and recognised the role of local communities: 'On the one hand, it was Kashmir's young men, risking their lives... on the other, Indian military, though late, using choppers and boats for the rescue purpose'.[24] The anger of the Muslim population at a late and badly organised emergency response, together with the failure of the early warning systems, was represented in some of the most important international media outlets.[25] For many in J&K and abroad, the national and state authorities, in spite of political statements and press releases to the contrary, were to blame.

A visit to Srinagar in late November only reinforced the impression that – even if a lot had been done – very little was achieved. The waters had receded and the destruction caused by the floods was visible in the city. NGO staff remained in their offices, purportedly for security reasons, until the J&K Legislative Assembly election week was over. With below-zero temperatures and the prospect of a harsh winter, those who had lost their houses or could hardly survive, and those who remained in the area wondered what would happen to them now that almost all the aid had stopped. 'The government and the Army left long ago and only a bunch of NGOs are still helping us with what they have left; people need warm clothes for the winter and money to rebuild their houses', said a community member in Srinagar. The fact was that the few active INGOs in J&K were looking for funds for the next year, and all new spending from state authorities was on hold until the new government was elected. Prime Minister Modi had visited Srinagar again in late November to rally support for his party in the coming state elections, promising more support for J&K, but decisions on such issues take time to materialise. Modi needed to ensure his party, Bharatiya Janata, achieved a good result in the state elections. Presenting the flood response to the Muslim majority as proof of New Delhi's commitment to the people of J&K therefore became the central objective, over and above carrying out a response that was satisfactory to the affected population. Eventually, with a 23 per cent increase in the number of votes, Bharatiya Janata became the second biggest political force in J&K, and set about negotiating a government alliance with the People's Democratic Party.

The Indian government had tried to strengthen its domestic and international standing, using the emergency response as an opportunity to flex its muscles. In June 2013, unprecedented rains in the northern state of Uttarakhand had killed 5,700 – 4,500 more were missing and presumed dead – and trapped thousands of pilgrims. Indian media quickly paid attention to an emergency that offered shocking images of destruction and Army helicopters dropping assistance and rescuing survivors. It seemed clear that, far from being an unexpected, unpreventable disaster, this tragedy was the result of a combination of man-made factors – environmental degradation, the negative impact of hydroelectric projects,[26] ill-functioning early warning systems, and inadequate evacuation procedures, etc. Nonetheless, the Director General of

the NDRF, Dr Mahboob Alam, quickly reacted to criticism saying there was 'nothing to learn from the Uttarakhand disaster.'[27]

While thousands died in Uttarakhand, the sharp decrease in disaster casualties across the country over recent years evidences the capacity of the Indian authorities to learn. A look at disasters in Odisha captures this trend. In October 1999, two consecutive cyclones hit Odisha. The first cyclone killed 250 people and did not attract much attention. Twelve days later, a second much more powerful cyclone destroyed more than 250,000 houses, livestock, crops, telecommunications infrastructure, roads and railways and killed over 10,000 people.[28] As the evaluation of the Disaster Emergency Committee response explained, these two consecutive cyclones 'brought much of Odisha, including the State Government, to a standstill'.[29] The last cyclone of similar magnitude that local people remembered had happened in 1943, but 'its effects were mitigated by the better forest cover along the coastal belt at that time'.[30] Communication within Odisha and with the rest of India and the world was cut, and with no contingency plan or clear lines of responsibility for the coordination of response activities, an organised response was virtually non-existent until two weeks after. Fourteen years later, in 2013, the alert that super cyclone Phailing was approaching Odisha led to the biggest evacuation in India's recent history and the deployment of more than one thousand NDRF personnel in Odisha and the neighbouring state of Andhra Pradesh. Fifty-three people died and around 300,000 houses were destroyed or damaged as well as crops and livestock. In 2014, 150,000 people were evacuated when cyclone Hudhud, classified as very severe by meteorologists, swept through Andhra Pradesh and Odisha. This time, Hudhud killed an estimated five people.

Undeniably, there has been considerable progress made in the development of India's disaster management structures during the last decade. The sharp reduction of the number of casualties seems to have been a priority, and an achievable objective in many cases, including those in Odisha. As one aid worker explained, 'today in India we now know how to save lives, but we still don't know how to respect the lives we have saved'. In places like Odisha, which has a multi-dimensional poverty index similar to the poorest countries of Africa,[31] or J&K, where two thirds of the population depend on incomes from agricultural activities,[32] the recurrent loss of food stocks, crops, seeds, tools, livestock and shelter is a tragedy to which Army helicopters or NDRF personnel do not provide relief. In spite of this, the support for recovery and long-term activities is insufficient and in some areas – like rural areas in J&K or hilly areas in Odisha – the situation is far worse than in coastal areas or in the cities.

Uttarakhand is case in point for the lack of investment in the post-disaster phase. With no evaluations available, key questions about the emergency response – why didn't the Uttarakhand state and district authorities react when they received a warning from the Meteorological Office? – remain

unanswered, but even more important are the doubts about the attention paid to the recovery. As an Indian NGO worker complained, two years after the 2013 disaster in Uttarakhand 'no organisation is present in the area working on rehabilitation, not even the state authorities; not a single school has been rebuilt, nor a bridge, and those who haven't migrated are now surviving with very basic means'. In fact, the UNICEF-led recovery plan hasn't been implemented yet – nor is it even a public document – and the World Bank-funded Uttarakhand Disaster Recovery Project[33] showed minimum progress by the end of 2014.

Monsoon and river floods in August 2014 affected 20 districts in northeast and central Bangladesh, including some of the hardest to reach and poorest areas of the country. According to the Joint Needs Assessment[34] commissioned by the Humanitarian Country Task Team, these floods were the worst since cyclone Sidr in 2007 – which swept across 46 districts and affected 16 million people. With almost three million people affected, six out of 20 districts acknowledged their lack of capacity and resources to respond to the most urgent needs, and many expected to have serious recovery needs and not enough local capacity to address them. The government of Bangladesh, in its legitimate desire to handle the disaster response directly, did not appeal for international aid (the last national disaster was declared by the government in 1991 and the last United Nations appeal in Bangladesh was launched for the 2004 floods); instead, it decided to send 8,000 tonnes of rice and allocate $387,000 for relief operations. This clearly insufficient amount compared to the needs and the number of affected people – less than 25 cents per recipient – was complemented with a quick disbursement from the European Commission's Humanitarian Aid and Civil Protection department (ECHO) – the largest humanitarian donor in Bangladesh – and the UK's Department for International Development (DfID). It is still too soon to know whether this assistance was effective or just a 'stop gap/band aid measure', as the *Evaluation of the European Commission's Humanitarian Activities in Bangladesh 2012*[35] characterised it.

While most humanitarian actors interviewed in Bangladesh for this study praised the relevance and quality of the Joint Needs Assessment after the 2014 floods – a process fully supported by ECHO and DFID – the main complaint during the interviews in Dhaka had to do, once again, with the way the humanitarian actors coordinated their work. This deficit was mentioned in several evaluations and reports, such as the *ECHO evaluation*. The *Scoping Study on Coordinated Approaches to Needs Assessments in Bangladesh*,[36] jointly published by the Emergency Capacity Building (ECB) Project and the Assessment Capacity Building (ACAPS) in 2011, referred to 'a lack of clarity in terms of roles and responsibilities after a disaster, a lack of clear leadership and the absence of predictability'[37]. Unsurprisingly, the quality of interventions was questioned by one donor agency in Dhaka who felt that 'it was obvious

that most agencies don't communicate with each other before designing their programmes to agree on basic questions'.

There are two ways of understanding this quality deficit. First, it is a consequence of the decreasing size – down to two members of staff in most cases – or even the closure of the humanitarian departments and programmes of most INGOs in Bangladesh, due to the lack of donor funding in the absence of a *big disaster* in the country. As one aid worker said, 'donor governments aren't interested in small scale emergencies'; in spite of this, organisations do have to respond on a regular basis to a plethora of medium and small disasters across the country, scattering funds and human resources and 'skewing the system'. Maybe, as the country director of an INGO said, 'there is a tolerance in Bangladesh for medium and small disasters and the real meaning of resilience in this country is the capacity of people to remain poor indefinitely'. A second proposition is that the main problem in Bangladesh is the disconnection within INGOs between different departments, the tendency to work in silos, with the humanitarian department being the least relevant from an organisational point of view. The *ECHO evaluation* explained this issue by noting that humanitarian programmes are 'tailored to a largely development outlook',[38] with actors having 'little idea or significantly different thoughts on the principles of humanitarian aid'.[39] As one donor representative put it, 'how can the humanitarian department of an INGO say that it does not have nutrition experts when colleagues in the development department are managing a huge nutrition programme in the same country?' The answer is probably that the reduction of the humanitarian capacity in Bangladesh is leading to 'minimal (if not grossly inadequate)'[40] monitoring activities conducted by international and local NGOs.

In Nepal, floods and landslides in the mid-West of the country in August 2014 affected almost thirty thousand families – an emergency that was categorised as having *low expected impact* by the Assessment Capacities Project (ACAPS). While it was true that – compared to other emergencies in the region – the floods in mid-West Nepal were of a limited magnitude, the fact was that 'many affected areas weren't classified as disaster-prone areas, leaving families without knowledge and means to protect themselves'.[41] Moreover, the needs of especially vulnerable groups – children, pregnant women, elderly and disabled people – were not 'addressed by the immediate response and their situation was not given special consideration in recovery plans'.[42] The Government of Nepal activated the national response mechanism – Central Natural Disaster Relief Committee, National Emergency Operation Center and Local Emergency Disaster Management Authority – as well as the Army and the Police, and invited the Nepalese Red Cross (NRC), UN agencies and NGOs to coordination meetings. The scale of the disaster was unprecedented for the humanitarian community in Nepal and – unlike the Indian and Bangladeshi governments

– Kathmandu appealed for international support. Around $3 million[43] were committed by the UN Central Emergency Response Fund (CERF), Canada, Denmark, ECHO, the Gates Foundation, Luxembourg, Sweden and the US. Even India offered $500,000 in aid to Nepal.[44] Nonetheless, when asked about the effectiveness of the response, many organisations voiced concern about two issues. The first was the questionable quality of the data collected by the NRC, the United Nations Development Programme (UNDP) and the World Food Programme (WFP). Although deemed incomplete, unreliable and outdated – in one case, of the 83 families identified by the official data as affected in a specific area, an NGO could not find even a single one – the District Disaster Relief Committees (DDRC) required UN agencies and NGOs to use NRC data, not their own. The official data favoured a *blanket approach*, according to which all residents in the area would receive help regardless of the level of their needs or their specific vulnerability.

A second complaint referred to the quality of the response and the lack of coordination among different actors involved. First, not all the Chief District Officers (chairs of the DDRCs) were able or willing to fully engage in the disaster response. For some humanitarian workers, the presence of UN agencies and INGOs in the area counterbalanced the lack of experience or commitment of the Chief District Officers. For others, UN agencies often acted as a 'second government', willingly adopting the blanket approach proposed by the authorities, and many INGOs based their activities on their own priorities, not on the real needs of communities affected by the floods. As a result, people whose houses were damaged but not destroyed did not receive food aid, even when they needed it; rice was distributed in areas where it was available in markets, and despite the fact that the main need of affected people was money to rebuild their livelihoods and houses. Four months after the floods, the recovery work had not yet started in mid-West Nepal, and more and more people were migrating to India or the Middle East.

#### On authority – state bureaucracy and regulation

If anything has shaped the evolution of humanitarian action in South Asia during the last few decades, it is the legitimate desire of every state in the region to take control of all dimensions of what has been called disaster management – how disasters are defined, who is involved in responding to them, and what they do. As a consequence of this decision, South Asian states are in the process of redefining the three social domains of response to risk and disaster: the domain of science and disaster management; the domain of disaster governance; and the domain of local responses.[45] As Dorothea Hilhorst explains, 'these are the respective domains of scientists and managers; bureaucrats and politicians; and local producers and vulnerable people'.[46] This

section will focus on the domain of disaster governance, and its often-negative impact on the other two social dimensions, and ultimately on humanitarian effectiveness, in the region.

During the last decades, South Asian countries have made advances towards the institutionalisation of disaster management through the approval of disaster acts, the progressive clarification of roles and responsibilities, and the creation of new governmental bodies. In India, the Disaster Management Act of 2005 established the legal and institutional framework for disaster management at national, state and district levels. The primary responsibility for disaster management resides with state governments, while the national government defines policies and guidelines, contributes funding and technical and logistical support, and the local districts are in charge of operational management. The National Disaster Management Authority (NDMA), chaired by the Prime Minister, is the main body responsible for the design of policies, plans and guidelines, and oversees their implementation by the ministries, state governments and districts. The NDMA directs and activates the National Disaster Response Force in case of an emergency. Although all the ministries have responsibilities in disaster management and report to the NDMA through the National Executive Committee, primary responsibility for disaster management across the country lies with the Ministry of Home Affairs. The State Disaster Management Authorities translate the policies, plans and guidelines of the NDMA into state plans, which must include prevention, preparedness and mitigation considerations, and inform the work of the StateDisaster Management Departments, the District Disaster Management Authorities, and the local authorities (municipalities, cantonment boards and town planning authorities).

In Nepal, the Natural Calamity Relief Act of 1982, the Local Self Governance Act of 1999, and the National Strategy for Disaster Risk Management of 2009 determine the legal and operational framework for disaster response. As in the case of India, the Ministry of Home Affairs is the lead agency for rescue, relief and preparedness activities. It is the responsibility of the government of Nepal to declare a state of emergency, only if a disaster exceeds national capacities.[47] Building on National Strategy for Disaster Risk Management, the Nepal Risk Reduction Consortium was created by the Asian Development Bank (ADB), the International Federation of the Red Cross and Red Crescent Societies (IFRC), United Nations Development Programme (UNDP), UN Office for the Coordination of Humanitarian Affairs (OCHA), UN International Strategy for Disaster Reduction (ISDR), and the World Bank, with the aim of supporting the Government of Nepal in developing a long-term Disaster Risk Reduction Action Plan.

In Bangladesh, the Disaster Management and Relief Division has responsibility for coordinating national disaster management efforts across all agencies. The National Disaster Management Council formulates disaster

management policies that are implemented by the In-Ministerial Disaster Management Co-ordination Committee. The In-Ministerial Committee also supervises the activities of the Army and NGOs. The Directorate of Relief and Rehabilitation acts during emergencies, coordinating relief activities through the Disaster Management Bureau, the Disaster Management Training and Public Awareness Building Task Force, the Focal Point Operational Co-ordination Group on Disaster Management, the NGO Coordination Committee on Disaster Management and the Committee for Speedy Dissemination of Disaster Related Warning Signals.[48] At sub-national level, the District Disaster Management Committee coordinates the disaster management activities at district level, while the Upazila Disaster Management Committee and the Union Disaster Management Committee, the Pourashava Disaster Management Committee and the City Corporation Disaster Management Committee design and implement the disaster management activities within its area of jurisdiction.[49]

With small differences, Indian, Bangladeshi and Nepalese disaster management frameworks follow the same logic. The prime minister's office provides political oversight of emergency declarations and funding decisions; there is ministry-level coordination of all operational actors, especially the armies and rapid response units; and the implementation of the bulk of daily tasks happens at subnational level (states, districts and municipalities). These frameworks are coherent with a larger decentralisation process, carried out from the top down, across South Asia during the last two decades – in India with the 73rd and 74th Constitution Amendment Acts of 1992 and 1994, in Bangladesh with the reintroduction of the Upazila Parishad Act in 2009, in Nepal with the Local Self-Governance Act of 1999, and in Pakistan with the 13th Amendment to the Constitution in 1987 and the Devolution of Power Plan in 2000. It was claimed that 'these measures would empower people, involve a wide range of social classes in political and developmental decisions by bringing government closer to the people, cut down bureaucratic delays and promote and rejuvenate democracy'.[50] Nevertheless, local governments in South Asia 'are taken as mere administrative extensions of central or provincial governments',[51] and their affairs – including disaster management issues – 'are normally run through ad hoc measures and local bureaucracy which normally consider themselves answerable or accountable to higher tiers of government, instead of citizens they are meant to serve'.[52]

As Hilhorst points out, based on the conception of disasters as 'phenomena of tropical areas whose insufficiently modernised relationships with nature make their populations vulnerable as a matter of course',[53] a hazard-centred, military-style approach to the science and management of responses – often managed by armies themselves – makes for linear, top-down processes. In fact, 'this perception of resemblance of a natural disaster with a war has seeped into the very design being laid for management of disasters in India',[54] as well

as in Bangladesh and Nepal. In accordance with this conception of disasters – derived primarily from Western thought and practice – local politicians and bureaucrats in South Asia have developed their own understanding of 'the relations between hazards, vulnerability and disaster, picking bits and pieces from science as they deem fit according to their own beliefs'.[55]

Not everything in this process has been a translation of western models or top-down initiatives. In fact, the institutionalisation of disaster management in South Asia must also be understood in the context of patronage, one of the most distinctive features of the region's politics. As Kanchan Chandra explains, in patronage democracies such as India voters do not pay attention to ideologies or electoral programmes, but to the expected material benefits they may get from the authorities.[56] Politicians make every effort to buy the votes that will secure their privileged positions and progress in the hierarchy. Citizens 'know' that politicians and government officials would always benefit their 'own' people, so they vote their 'own' candidate. A relationship that, for Chandra and many other authors, fuels the marginalisation and deprivation of the poorest but that, for other authors, is in essence a moral formulation of the idea that 'in South Asia differences of rank do not prevent relations, but promote intimacy between parties in distinct and complementary roles',[57] therefore allowing for stable relations and sociality. There is no reason to believe that disaster management in Bangladesh, India and Nepal is immune to patronage. In fact, political patronage has been identified as 'a key obstacle to implementing comprehensive strategies for disaster risk reduction'[58] across the world and is certainly a factor in emergency response in the three countries, as it has been in other regions such as the Sahel[59] or the Philippines.[60]

The first major consequences of the particular understanding of disaster management governance that is operative in South Asia are the common reluctance to appeal for external help and the use of chain of command, soldiers and military assets as *relief agents,* exacerbating the perception of those affected by disasters as disempowered victims. The increasing control and coordination roles played by politicians and government officials relegate non-state organisations to mere service providers – a role they have accepted sceptically,[61] but, in most cases, without openly expressing criticism. Although this change might be understood as a legitimate step towards the exercise of authority of democratic states in South Asia and a fair counterbalance to the 'autonomy fetish'[62] of UN agencies and NGOs, it challenges the agency of non-governmental bodies[63] pushing them to accept a more passive, uncritical stance as subsidiaries of government actors.

In some cases, obstacles to the provision of emergency relief have arisen as a consequence of the strict interpretation of non-disaster related legislation – as in Uttarakhand in 2013, when the Electoral Commission banned the delivery of assistance in order not to influence the vote in the coming state elections. In others, administrative procedures for the approval of non-emergency projects

have had a prohibitive impact on emergency assistance, such as in Bangladesh. More often, the problem lies in insufficiently prepared and engaged local authorities, as in Nepal where district authorities' contribution has often been cited as very poor, insufficiently committed to identifying and addressing needs and more prone to blanket approaches.

Abdul Shakoor Sindhu provides a compelling explanation of the disconnect between the international, national and local levels of disaster management in South Asia:

> The national governments are the signatories to international and re-gional covenants or frameworks including Millennium Development Goals and Hyogo Framework for Action. However the subnational and local governments are normally not consulted or involved by the respective national governments in the processes and decisions with regard to international commitments. Resultantly these lower tiers of governments usually are unaware of such agreements. They neither take the ownership of these national commitments nor consider them-selves accountable for their implementation at the local level. This sit-uation creates a serious disconnect between the 'international' and the 'local'.[64]

In addition, government officials have often been characterised as trapped by a culture of punishment of mistakes. As one Nepalese aid worker put it, 'in this country you can be punished if you do something wrong, but never for not doing anything'. On many occasions, the lack of a legal basis and insufficient clarification of responsibilities in policy implementation have reduced the will of national and local authorities to engage in responding to disasters, causing inaction and delayed decisions. As a result, responsibilities are fragmented across different vertical and horizontal levels of government structures, creating asymmetries, limiting the collaboration among departments, and impacting negatively on knowledge and skill transfer and tangible results.[65]

The question remains as to the extent to which NGOs' negative perceptions of the role played by state authorities are based on questions of capacity and performance, or are a reaction to a trend of decreasing autonomy of civil society organisations in humanitarian action in South Asia. As Bradnock and Williams explain, NGOs in South Asia 'are wary of increased links with government for fear of losing their identity and autonomy, and of becoming public service contractors for the state. In some cases, the role of the NGO seems to be to support and legitimise government policy rather than to question it'.[66]

## On authority – regional (non-)cooperation

Contrary to what might have been expected considering the regional impact and the magnitude of the 2014 monsoon floods in half of the countries[67] that make up the South Asian Association for Regional Cooperation (SAARC), the contribution of the regional organisation to the response was negligible, according to all interviews conducted for this study. This inaction should not be a surprise, because, as Steven Zyck explains, 'SAARC has, among regional organisations, been the least involved in humanitarian issues'.[68] A quick review of SAARC's work on disaster management during the last decade helps to explain its passivity.

In April 2010, the presidents and prime ministers of Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka met in Thimphu – the capital of Bhutan – for the Sixteenth SAARC Summit. Although the main point on the summit agenda was climate change,[69] SAARC members were expected to adopt the Agreement on Rapid Response to Natural Disasters following the recommendation of two expert group meetings[70] and the decision made during the previous summit held in Colombo in 2008.

A rapid response mechanism was a missing link in the regional disaster management architecture after SAARC had approved the Comprehensive Framework on Disaster Management[71] and created the Disaster Management Centre[72] four years before. In spite of the slower and more erratic steps towards regional cooperation when compared with Southeast Asia, especially in other areas, such as trade, disaster management seemed to be a positive exception –perhaps a sign of a new era for SAARC. Nevertheless, and without further explanation, the Thimphu Summit declaration called for further negotiations and early finalisation of the Agreement on Rapid Response to Natural Disasters.[73]

At first it was difficult to ascertain the reasons for such a deferral, but on a close reading of the agreement that was finally adopted during the following SAARC summit in the Maldives in 2011, they become more evident.[74] The final version of the SAARC Agreement on Rapid Response to Natural Disasters – hereafter referred to as the NDRRM as it forms the basis of the Natural Disaster Rapid Response Mechanism – was largely an abridged copy[75] of the Association of Southeast Asian Nations (ASEAN) Agreement on Disaster Management and Emergency Response (AADMER),[76] signed in 2005. The omissions in the NDRRM document suggest a long watering-down process to adapt the AADMER model, which understandably was the main reference for SAARC members, to the political requirements of the South Asian context.

The guiding principles of the NDRRM agreement could be seen as a translation of the *Panchsheel* principles, a fundamental reference for India's foreign policy and, later, for the *non-aligned movement* since the mid-1950s. The Declaration of Five Principles, commonly known as *Panchsheel* after a

speech by then Prime Minister Jawaharlal Nehru, were signed by India and China in 1954 to try to improve relations between them, especially tense because of the Tibet issue. The *Panchsheel* principles established mutual respect for each other's territorial integrity and sovereignty, mutual non-aggression, mutual non-interference in each other's internal affairs, equality and mutual benefit and peaceful coexistence.[77] Although the relevance of the *Panchsheel* principles soon surpassed the scope of the Sino-Indian relations – guiding initiatives such as the Bandung Conference in 1955, as well as a declaration of the United Nations General Assembly on peaceful coexistence in 1957 – they became 'the unalterable determinants of India's foreign policy culture'.[78] For Nehru, the *Panchsheel* not only 'lays down the very important truth that each nation must ultimately fend for itself',[79] but were intimately connected with the Indian psyche.

Of course, India's interpretation of the *Panchsheel* changed over time in parallel with changes in the country's regional and international standing. During the first two decades of independence, the *Panchsheel* was the justification for India's autonomy and non-alignment. In the 1970s, India soon understood that non-alignment in the Cold War context could mean isolation – hence the Indo-Soviet Treaty of Friendship signed in 1971 as a way to ensure territorial integrity and sovereignty. Since the 1990s the *Panchsheel* has framed the country's bilateral and multilateral relationships with its South Asian neighbours, placing limits on potential initiatives from small countries for further integration.

In light of this evolution, what the NDRRM principles do is reiterate the political limits to any SAARC initiative in accordance with India's conditions. As Arndt Michael explains, India's perception of regional integration has always been positive but uncommitted,[80] and, therefore, New Delhi has always made clear that all political and security-related issues will have to be excluded from multilateral discussions and be limited to bilateral contacts. In fact, the SAARC Charter, signed in 1985, included India's requirements: no bilateral or contentious issues to be on the agenda and unanimity – not consensus, as in other regional organisations such as ASEAN – as a requirement for decisions. As Rajiv Gandhi – the then Prime Minister of India – stated during the second SAARC summit in 1986, 'ours is not a political association' and, therefore, 'we have consciously decided not to burden SAARC with our bilateral concerns'.[81] Unsurprisingly, the history of SAARC shows little institutionalisation and meaningful implementation of the scarce initiatives that are approved, to the frustration of several of its members.

SAARC established that only natural disasters would be considered by the NDRRM, to the point of avoiding even a basic definition of hazard such as the ASEAN agreement had given.[82] Considering past and present conflicts and man-made disasters in South Asia, the deliberate limitation to natural disasters in the SAARC agreement sent a clear political message that was coherent with the history of multilateral relations in the region. Compared to the seven principles in the ASEAN Agreement, SAARC provided a more succinct version consisting of only three points:

1. Each affected Party shall have the primary responsibility to respond to disasters occurring within its territory and external assistance or offers of assistance shall only be provided upon the request or with the consent of the affected Party.

2. The Requesting or Receiving Party shall exercise the overall direction, control, coordination and supervision of the assistance within its territory.

3. The sovereignty, territorial integrity and national unity of the Parties shall be respected, in accordance with the SAARC Charter in the implementation of this Agreement.[83]

Moreover, according to the NDRRM agreement, only states will be considered 'assisting parties' in disaster response. So the principle of the primary responsibility of states for emergency response in their own borders would shift to a principle of states as the only legitimate responders. In fact, the only time the SAARC Comprehensive Framework for Disaster Management mentions 'civil society, private sector and other stakeholders' is to present them as service providers, casting them as depoliticised objects of government. This point is especially well illustrated by looking again at ASEAN's AADMER – the inspiration for the SAARC's NDRRM agreement – whose definition of assisting parties includes 'State(s), international organisation(s), and any other entity or person that offers and/or renders assistance to a Receiving Party or a Requesting Party'.[84] Finally, neither the SAARC Comprehensive Framework for Disaster Management nor the NDRRM mention any of the humanitarian-related United Nations resolutions that are usually referenced by international humanitarian actors – including governments and regional bodies such as ASEAN.[85] This omission might be understood as an attempt to limit the possibility of alternative expressions of authority within sovereign territories.

A last point of comparison: while all the national parliaments of ASEAN members have ratified the AADMER, overcoming the most difficult political barriers for an agreement of this nature, in 2014 only the Indian parliament has ratified the SAARC Comprehensive Framework on Disaster Management.

It is fair to argue that the establishment of a very limited regional disaster management framework, with such an unusually long process leading up to it, was more the result of disagreements than agreements among SAARC members. SAARC's minimal contribution to disaster response and the lack of

purposeful institutionalisation and implementation of disaster management evidences the 'consistent tensions within South Asia',[86] the complicated framework in which humanitarian aid takes place in the region, and, perhaps, a trend towards a particular model of 'statisation'.

### On trust

A classified report from the Indian Intelligence Bureau that was leaked to the press in mid-2014 stated that NGO activities in the country had cost its economy between two and three percentage points of growth in India's gross domestic product over recent years.[87] According to the Intelligence Bureau, NGOs – including well-known organisations such as Greenpeace, Save the Children and Oxfam – had been using 'people-centric' approaches that led to increasing opposition to development projects that were crucial for the growth of the country. Indirectly, the report accused international donors – the US, the UK, Germany, the Netherlands and Scandinavian countries – of supporting 'anti-Indian' activities.

The Indian Intelligence Bureau's report was a symbolic corollary of the evolution of the relationship between the Indian state and NGOs since the independence of the country. As Siddhartha Sen explains, until the end of the 1950s NGOs cooperated with the newly-formed state in its nation-building efforts; during the 1960s and 1970s, some NGOs started to antagonise the state, engaging in more direct action on pressing issues such as poverty, but the state still perceived civil society organisations as allies; and the 1980s and 1990s were characterised by an increased state control and, therefore, a constrained space for NGOs promoting alternative development models.[88] In what is defined as an uneasy partnership,[89] today New Delhi seems to be reacting against organisations it deems untrustworthy and too influential within Indian civil society, and most NGOs have adopted a pragmatic and uncritical – although reluctant – stance towards the state, creating a relationship of respectful mistrust.

Exercising its authority more broadly, India is renegotiating the terms of its relationships with a range of actors, in ways that reaffirm its position as a regional superpower. Aid organisations are included in this. Not by coincidence, on the same day that the Financial Times covered the Intelligence Bureau's report, the London newspaper also published an editorial piece with the self-explanatory title, 'India has every chance to outstrip China if it tries'.[90]

In 2012, Justine Greening, the United Kingdom's Secretary of State for International Development, announced that all financial aid to India would end in 2015. From that moment, Downing Street would consider India – the largest recipient of UK development aid for the last 50 years – a bilateral trade partner, not an aid recipient. For Ms Greening, India 'is successfully developing and shows the real, genuine change that is taking place in so many countries across the world'.[91] The move of the UK government was not an exception. Since 2010, US annual contributions to development programmes in India have dropped 25 per cent, to under $100 million. US government officials, like their counterparts in London, have begun to refer to India as a partner country.

New Delhi also used the term partnership for the new Development Partnership Administration (DPA),[92] created in 2012 within the Ministry of External Affairs. The new Indian development agency would have a two-fold mandate: it would oversee aid flows to the country to avoid misuse of funds, and; it would coordinate the increasing aid from India to other countries. This was no small task considering that India plans to spend $11.3 billion in countries such as Afghanistan and Ethiopia over the next 7 years, besides its many contributions to development and relief programmes for over a decade in Asia, America and Africa.

The redefinition of the terms of engagement between the Indian state and aid organisations (including donor agencies) goes beyond legal or administrative considerations; it has a direct impact on how humanitarian action – or, in the more politically correct term, disaster management – is understood and operationalised in the country. Moreover, this process of redefinition, towards a posture that is 'fully enabling while instilling some discipline to civil society organisations',[93] is not exclusive to India and can be observed in other countries in South Asia, where the deficit of trust between host governments and aid organisations has grown considerably during the past few years.

As Khan and Cunningham explain, 'if the legitimacy of the state is rooted in part in willingness and ability to provide assistance to its own population, humanitarian action cannot but represent a challenge to the legitimacy of the state'.[94] Moreover, the principles often invoked by humanitarian organisations are not necessarily understood or accepted by local authorities, 'resulting in alienation and miscommunication'.[95] Governments in Bangladesh, India and Nepal often perceive NGOs as competitors with their own agenda, and are not willing to accept their lead in disaster management. NGOs have seen local authorities as incompetent, short-sighted and not always driven by the 'humanitarian imperative'. Meanwhile, UN agencies take a more diplomatic stance as facilitators, while still placing themselves close to the government, something that some NGOs reject as a compromise of independence.

This tension should not be understood to mean that South Asian states are questioning the existence of NGOs. In fact, the combination of patronage politics and the structural adjustment model, imposed by multilateral financial institutions over recent decades, has made governments in the region discard their 'responsibilities for service provision and citizen accountability through the 'franchising out' of certain key state functions to NGOs and the private sector'.[96] In Bangladesh, for example, 'state failure is a commonly

cited explanation for the growth of the NGO sector',[97] since it became clear that the newly created state wouldn't be able to meet the expectations of the rural communities. Of course, the support provided by foreign donors and the tradition of community organisations and voluntary action in the country were also important factors. However, there have been increased 'state efforts to control what were considered to be subversive and divisive activities of many NGOs, fuelled by Western 'imperialist' funding'.[98] Currently, Dhaka plans to update the foreign donation legislation with more restrictive conditions for NGOs and civil society, and is already setting in place long bureaucratic procedures for relief activities. Unsurprisingly, this situation triggers misunderstandings and conflicts, such as that experienced by the Humanitarian Country Task Team (HCTT) in Bangladesh after the Joint Needs Assessment was commissioned in the absence of the representative of the government of Bangladesh – the Secretary of the Disaster Management and Relief Division, and co-chair of the HCTT. What was explained by members of the HCTT as an accidental communication mistake, was for the Bangladeshi government a lack of respect and an attempt by aid organisations to bypass the state authority. Perhaps as a result of this, the Secretary of the Disaster Management and Relief Division was 'unavailable' to attend the next HCTT meetings, bringing about the virtual paralysis of a key humanitarian coordination mechanism, and raising doubts about the distance between the government and aid organisations.

Some NGO representatives interviewed considered that the mistrust could be reversed with a more honest assessment of their own capacity, and an acceptance that humanitarian organisations have to accept the government's leadership, not the other way round.  So what should be the added value of UN agencies and INGOs in South Asia? Some interviewees agreed with the idea that humanitarian organisations should help set agendas, share technical expertise with government and local authorities, promote active citizenship for preparedness and response, and provide solutions that aren't feasible at community level. Before that, as an Indian NGO worker pointed out, 'NGOs need to have a clear agenda and plans and communicate them to the government'.

Similarly, an honest relationship is not possible when humanitarian organisations do not or cannot speak openly about sensitive issues such as the conflict in J&K and the situation of the Rohingyas in Bangladesh, where the local authorities restrict access to certain areas and groups, and set conditions that threaten the impartiality of the assistance provided. As a country director of an INGO in Nepal said, 'advocacy is the missing link of our work'.

## Conclusion

While the steady reduction of loss of life in disasters is an extremely positive evolution, the effectiveness of humanitarian response in South Asia has been handicapped by the expansion of dysfunctional state bureaucracies, patronage politics, and the 'de-humanitarianisation' of UN agencies and NGOs.

Emergency responses are often tailored to showcase the capacity of states to save the lives of 'desperate' citizens, to sustain patron-client relationships, and to amplify the perceived – not the real – impact of what often are unambitious programmes managed by international NGOs and implemented by local counterparts. Dysfunctional relationships between state authorities and humanitarian actors only worsen a situation of decreasing funding and capacities, and insufficient prioritisation of preparedness, prevention and recovery. This 'bottle-neck' at the governance and funding level makes it even more difficult for the needs and expectations of crisis-affected people to shape humanitarian practices and norms. As a result, 'the ultimate losers in the whole situation are the communities whose development deficits and vulnerabilities to disasters, shocks and turmoil continue to prevail despite all the good intentions, diplomacy of cooperation and policy euphoria'.[99]

As David Lewis explains in his analysis of the concept of civil society in Bangladesh (also applicable to India and Nepal): 'while seeking to build and maintain strong patronage relationships, and directly or indirectly backed by the military, the state nevertheless remains weak in terms of citizen accountability, its capacities to provide welfare provisions or ensure an independent judiciary, to collect taxes or to represent the interests of the poor'.[100] Moreover, in India, 'the resultant trust deficit or lack of confidence in governance institutions has caused widespread anger and frustration, driving and important segment of the adivasi[101] population towards the utopian Maoist ideology'.[102]

The combination of state controls and NGO equivocation between confronting and complementing governments makes emergency response activities less relevant to the needs and aspirations of communities. As one humanitarian worker in Bangladesh explained, 'the relationship [between humanitarian agencies and disaster-affected communities] is still unbalanced' because 'decision-making relies on organisations rather than on affected people'. States and humanitarian organisations often see the needs of affected communities in a different way to the communities themselves. There are no efficient mechanisms to monitor changes in needs, and while communities are interested in the long term, donors only fund short-term projects, with responses becoming a simple matter of following standards. The evaluation of ECHO in Bangladesh even asks 'whether the [humanitarian] INGOs exist in Bangladesh, except in name only, and one or two token international staff'.[103]

Many of those interviewed for this study felt that improved effectiveness of humanitarian action in South Asia is dependent in part on humanitarian

organisations improving their communication with affected communities, helping to empower them by increasing their awareness of their rights and entitlements. However, few believed this would happen as long as a charity approach prevails. Most interviewees agreed that it is key to involve affected communities in decisions so as to make sure assistance is not only about delivering materials to them, but also about helping to foster a hope that can overcome 'the fear about what will happen with their children and their few properties', in the words of an NGO worker in Nepal.

When asked if they trusted that the government and humanitarian organisations would help them to fully recover from the floods that destroyed their houses or livelihoods, very few people dared to answer. Perhaps they didn't trust me either.

# ENDNOTES

1. This report is based on field research in Bangladesh (Dhaka), India (New Delhi, Jammu and Kashmir, and Odisha) and Nepal (Behri and Kathmandu) in November and December 2014, and a desk review of secondary sources. A total of 46 representatives of 8 local NGOs, 7 international NGOs, 3 UN agencies, 1 government agency and 1 international donor were interviewed using a semi-structured approach. Group discussions with affected communities were conducted in 3 locations of India and Nepal. The report also benefitted from the author´s participation in the *South-South Humanitarianism Conference*, organised by the Jindal School of International Affairs (Sonipat, India 26-27 November 2014). The decision to focus the research on these three countries, among the eight that are usually labelled as South Asia, was based on questions of relevance (Bangladesh, India and Nepal were especially affected by the Monsoon floods in 2014), resources, time and security (internal Save the Children travel restrictions prevented the researcher from travelling to Pakistan, as planned initially). The report reflects on issues that shape understandings of effectiveness in Bangladesh, India and Nepal and impact upon humanitarian responses. Both the intended scope of the research and issues of feasibility determined the level of the analysis, placing some limitations on what could be covered but also offering the opportunity to address issues that are usually absent from non-governmental organisations or United Nations documents. The report is neither a systematic analysis of humanitarian effectiveness in Bangladesh, India and Nepal (even less in South Asia), nor a comprehensive review of the responses to the Monsoon floods in 2014. Nevertheless, this paper looks at the response to the floods to try to understand the actions and also the omissions of national and international actors. The report was written before the Nepal earthquake in April 2015, so the response to that emergency is not part of the analysis. Although the report can be read by itself, it is not intended to be a stand-alone document. The South Asia study, together with seven other studies, will be part of, and published with, a wider and more comprehensive study on humanitarian effectiveness. Drawing from the analysis of the seven field studies, the final report will discuss issues that remained unaddressed in this or the other country or regional reports. The author would like to thank Save the Children India and Save the Children International country offices in Bangladesh and Nepal for their support and guidance, the interviewees in the three countries for their time and feedback, and the members of the Steering and Advisory Groups for their valuable comments to the draft. The content of this report does not reflect the opinion of Save the Children UK. Responsibility for the information and views expressed in the report lies entirely with the author.

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# THE SYRIAN ARAB REPUBLIC AND THE CIVIL WAR

## The Humanitarian Context

Constitutionally a semi-presidential republic, Syria is a closed authoritarian regime ruled by President Bashar al-Assad since 2000 and, before that from 1970, his father Hafez al-Assad. Inspired by a series of pro-democracy protests in countries throughout the Middle East from late 2010, known as the 'Arab Spring', many Syrians began taking to the streets calling for regime change. In March 2011, non-violent, pro-democracy protests erupted in the southern city of Deraa in response to the arrest and torture of school children for painting revolutionary graffiti. These protests were met with violent repression as government security forces opened fire on demonstrators, catalysing nationwide protests demanding the Assad's resignation, which were in turn violently crushed. The escalating violence rapidly disintegrated into a civil war as rebel brigades formed to battle government forces across the country. By 2013 there were thought to be as many as 1000 armed opposition groups fighting inside Syria. These groups are diffuse, varied in mission and method. Some are supported financially and militarily by a range of different international powers, including Russia, Iran, Turkey and Saudi Arabia. A few high-profile groups, including Islamic State and the Al-Qaeda-affiliated Jabhat al-Nusra, have adopted terrorism and jihadist insurgency tactics, recruited foreign fighters, and undertaken high-profile attacks and executions. On the diplomatic front, frequent national and international attempts to consolidate a legitimate and strong political opposition, or broker peace have consistently failed.

In January 2013, six months after the conflict was formally declared a civil war, the Syria crisis was confirmed as a level three (the highest ranking) humanitarian emergency, which resulted in the largest ever appeal launched by the United Nations. Mortality rates and numbers of those affected and displaced are extremely difficult to determine and verify, not least due to security and access issues and concerns over the manipulation of statistics.

Nevertheless, the current number of people killed in Syria is estimated to be over 250,000, which includes at least 10,000 children. OCHA states that 13.5 million people are in need of humanitarian assistance – 6 million of whom are children and 1.5 million of whom have a disability. Over 4.8 million have fled the country, with the majority pouring into the neighbouring countries of Turkey (2.7m), Lebanon (1.1m) and Jordan (0.64m) – triggering a regional refugee crisis. The number of those internally displaced is estimated at over 6.6m and those designated as 'hard to reach' or besieged at 4.5 million. It is also thought that 8.7 million people are unable to meet their daily food needs, that 70% of the population are without safe access to drinking water, and that 5.3 million people are in need of shelter. This is in part owing to the deliberate targeting of civilian infrastructure – which has included attacks on, and military use of, schools, hospitals, economic assets and water networks. There has been a fundamental disregard of human rights by all parties to the conflict, with attacks on civilians – including aerial bombardments and starvation through besiegement – being used as tactics of war.

The UN's Strategic Response Plan for Syria offers a programmatic framework for addressing the key humanitarian issues arising from the crisis. The plan emphasises multi-sectoral programming focused on the most vulnerable groups, and calls for increased flexibility in humanitarian programming and improved humanitarian access. It also aims to mainstream protection work, focus on emergency response preparedness, and ensure the strategic use of country-based pooled funds. However, a core difficulty in meeting these aims is a chronic funding gap, which is forcing agencies to scale down programming. Funds requested for the Syria Humanitarian Response Plan in 2015 were US$2.9bn, and only 43% of which were met. This shortfall was echoed for the Syria Regional Refugee and Resilience Plan, which required $4.3bn and received just $2.8bn. With these severe funding shortfalls and the absence of a viable political solution on the table, the humanitarian outlook for Syria in 2016 remains dire.

## 'No voice can be heard above the gunfire': Protection, partnerships and politicking in the Syrian Civil War[1]

Jessica Field*

### When the ground shook[2]

The Palestinian *mukhayim* (refugee camp) of Yarmouk[3] is situated just a few miles from the centre of Damascus city and is essentially a suburb of the Damascus governorate. Prior to the Arab Spring revolts in Syria, Yarmouk was a vibrant town with schools, hospitals, thriving markets and a distinctive Palestinian-Syrian culture. Hosting nearly a million Palestinian refugees with a smaller number of Iraqi refugees and Syrian residents,[4] its inhabitants were largely integrated into Syrian society. But, within less than a year of the onset of the Arab Spring protests,[5] the camp – of around one square mile in size – descended into a volatile situation of sectarian fragmentation, violent conflict and government besiegement. Given its close proximity to the country's governing centre, it has become a fighting ground for groups across the ideological and political spectrum and, to complete the microcosm of the wider conflict, civilians trapped inside are cut off from food, medical supplies, and even the most basic humanitarian assistance.

One Palestinian-Syrian interviewee from Yarmouk, Ahmad,[6] described to me the spiralling tragedy of his home town over the course of 2012, noting that the fighting interests have included supporters of Bashar al-Assad's regime, of the rebels, of Hamas and other external powers, and of all the shades of grey in between. Some of his friends, Ahmad explained, joined the rebel Free Syrian Army (FSA) and other groups for pragmatic reasons: 'they needed the money' and perceived there was no viable alternative.[7] Others in the camp aligned more explicitly with an ideological cause. Physical security was, and remains, precarious. Ahmad himself experienced his family home attacked and burnt twice – once by pro-regime actors and the other by an opposition faction, each believing him loyal to the other – and he also lost a close family member to a sniper besieging the city. December 16th 2012 – or 'Day Zero', as he referred to it – saw the Syrian army's aerial bombardment of the camp in a standoff with rebel forces. The 'Battle of Yarmouk Camp', as it later became known, resulted in the death of an unconfirmed number of civilians; reports suggest dozens

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were killed in the strike.[8] 'The ground shook', Ahmad recalled, as the bombs hit a school and a mosque. It was shortly after this that he fled to Lebanon. Now Yarmouk has around 18,000 inhabitants who either cannot escape the besieged area, or have nowhere else to go.[9] Aid has not been delivered inside the camp since March 2015 and a recent typhoid outbreak has placed an already severely vulnerable population in a critical state of humanitarian need.

## Introduction

Ahmad's story and the situation of Yarmouk embody some of the dynamics of the wider Syrian conflict and highlight two complex and connected realities. First, that the revolution/civil war has created a volatile situation of extreme insecurity, with rapidly changing events on the ground, widespread violations of human rights, and a context in which those caught up in the conflict include civilians, fighters, and proponents of diverse ideological causes, with these identities subject to fluid interchange. The second reality is that there has been a wholesale failure by the Syrian government, opposition forces and international community to provide protection and humanitarian aid for civilians in the midst of the brutal fighting.[10] In 2014 the Syria Humanitarian Assistance Response Plan requested US$2.2 billion, of which only 48% was received.[11] In March 2015, a collection of the Syria response's largest international non-governmental organisations (INGOs) published a report entitled 'Failing Syria'.[12] The report criticised the United Nations (UN) and other international actors for their failure – following UN Security Council Resolutions 2165, 2139 and 2191[13] – to improve access to populations inside the country and to influence belligerent parties in the conflict to cease attacks against civilians, end arbitrary detention, kidnap and torture, and lift the sieges of populated areas. The most recent analysis by the UN Office for the Coordination of Humanitarian Affairs (OCHA) in March 2016 numbers the people in need of humanitarian assistance at 13.5 million, with 4.8 million refugees and 6.6 million internally displaced by the violence.[14]

What is the reason for such an ineffective response inside the country? Some cite the huge scale of suffering and related need for ever-increasing funds as a key barrier;[15] some the complexity of remote management in such an insecure environment;[16] and others the impeding international political interests.[17] On the ground, many blame a lack of capacity-building by international partners and insufficient financial support as limiting their activities.[18] For all, the risk of violence against aid workers, and the threat of culpability under donor states' counter-terrorism legislation for engaging, deliberately or otherwise, with proscribed groups inside Syria, remain inhibitive.[19]

These are all valid limitations that speak of the complexity of undertaking a humanitarian response in a highly politicised, volatile and rapidly changeable civil war. Yet, they are not explanations and understandings of ineffectiveness that can be applied throughout the entirety of the conflict, from its categorisation in July 2012 as a civil war, to the present day. Many are challenges that have developed and expanded as a result of the way that the initial response unfolded. In other words, many of these challenges can be attributed to the growing duration and growing scale of the conflict over the longer term, and are a result of the particular way that aid actors (and other stakeholders) have reacted to that escalation of violence and international politicking.

The underlying challenge that has remained consistent (in presence, though not scale) throughout this conflict – and the challenge that has been the single most cited cause of aid ineffectiveness in interviews for this research and in other evaluations[20] – has been the inability of the international community, including humanitarian actors, to provide protection for civilians in the midst of the violence. This will be the first subject for interrogation in this paper. To what extent was it possible to anticipate the protection crisis and why has the international community been so ineffective in mitigating its escalation?

One of the other most frequently cited challenges for effective action that arose in interviews – and one which is echoed in other evaluations and research – is that of weak partnerships between international actors (primarily, in the case of this research, INGOs) and their local counterparts (namely, Syrian organisations).[21] These partnerships have become more necessary since the escalation of violence and failings in protection have increased the number of people inside the country needing assistance, and simultaneously decreased the viability of foreign actors operating inside the country for security reasons. However, despite the operational necessity of remote management, partnership development across the sector has experienced common and frequent limitations, for instance: short-term contracts (when the need is for longer-term support), a dominant service-delivery focus (when the need is for a mixture of service and advocacy), output-orientated capacity-building (where outcomes should be the priority), and so on. Why have partnerships not received the investment required to meet the needs of those assisting affected communities and, by extension, the needs of affected communities themselves? The second half of the paper will attend to this question.

The two issues – failure in protection and limitations in partnership development – are not unconnected, and underlie broader impediments to meeting the needs of those affected by the conflict. Both are products of a humanitarian system that is ill-equipped, politically and bureaucratically, to adapt programming and approach to intrastate conflicts as they unfold in a politically volatile environment. And powerful actors' positions within that system affect, in turn, how other stakeholders view what constitutes an 'effective' response at different stages of assistance, and subsequently how the parameters are moved to account for changing priorities. For instance, as terrorism has grown as a concern for states and inter-governmental agencies

– such as the UK, the US and the United Nations – which are funding aid programmes inside the country, NGO programming has shifted to mitigate aid diversion to proscribed groups through distancing, sometimes at the expense of meeting the needs of affected communities.[22] Before examining these shifting understandings of effectiveness in more detail, it is first necessary to set the scene and place the relationship between ordinary Syrians – who would later become victims of *and* responders to the crisis – and their government in a wider historical context. Could such an escalation of violence against civilians have been anticipated? And, if so, why were such concerns not acted upon?

## The 'Assadisation' of Syria

Syria has seen over 45 years of authoritarian rule under the Assad family. Hafez al-Assad – a Syrian Air Force pilot, then intelligence officer and later Minister of Defence in the Ba'ath Party under Salah Jadid – led a coup in 1970, becoming the leader of the Ba'ath Party and president of Syria from then until his death in 2000.[23] During his rule, Hafez constructed a government of trusted associates, and strengthened the army and security services that came to underpin his state.[24] He espoused an ideology of secular pan-Arabism and institutionalised his own ultimate authority, attempting to unite the country – hitherto characterised by competing local, national and regional alliances, and marred by a recent violent history of decolonisation, French mandate control, and a series of government putsches – 'around his person'.[25] Hafez's closest advisers were few in number and usually connected to him through family or patronage ties; more widely, the country's institutions became dominated by members of his own Alawite ethnic community, though the influence of sect should not be overstated.[26] Hafez's highly personalised rule consisted within a broader inter-religious coalition, whereby he co-opted 'segments of the population via patronage and channeling social forces through a corporatist system involving the creation of popular organisations, professional associations and unions' for peasants, teachers, artists, workers, engineers and so on – which were as much for personal enrichment as political surveillance.[27]

Where they occurred, dissent and challenge were violently crushed.[28] A wave of Islamist attacks aimed at destabilising the government in the early 1980s was met with the extensive arming of those who supported the regime and bloody retribution for those who did not – for instance, in Aleppo in August 1980 and Hama in April 1981, 'scores of males over the age of fourteen were rounded up almost at random and shot out of hand'.[29] In 1982, the city of Hama rose up against the government. What followed was a raging battle between the government and opposing forces; the army besieged Hama with 12,000 men and, although the insurgents were eventually defeated, just like in Yarmouk, the real cost was borne by civilians:

Without food, water or fuel … they were all too often buried in the ruins of their homes … Many civilians were slaughtered in the prolonged mopping up, whole districts razed, and numerous acts of savagery reported, many of them after the government had regained control of the town. Entire families were taken from their homes and shot.[30]

Most estimates number the dead of the Hama uprising somewhere between 10,000 and 30,000.[31] From here on, 'violence and governance became indistinguishable'.[32] Tight control was maintained by multiple security services and media blackouts, and the regime exhibited an 'almost obsessive adherence to institutional procedures', such as elections, that gave it the appearance of legitimacy, which was important for the regime's projection of power domestically and internationally.[33]

This is not to say that the Ba'ath regime suppressed all social activity. Some of the population could come together – albeit under surveillance and control– through, among other mechanisms, state-organised 'civil society' associations, many of which undertook state-approved charitable and social activities. Although they were not what is traditionally understood as 'civil society' – namely, non-governmental groups of people linked by common interests independent of, and often presented as bulwarks against, a state – these groups, particularly charities and faith-based organisations, offered private welfare alternatives to the state in times of hardship, through donations and limited voluntary service.[34] Trust was integral to their workings. The regime was often suspected of spreading rumours about groups suspected of disloyalty in order to turn communities against them, and its spies were widely feared. As mistrust and suspicion were so potent, trust networks of close (often highly localised), reliable associates took on great importance[35] – something highlighted in more recent reports as a defining characteristic of emerging Syrian NGOs in the current civil war context.[36]

When, in 2000, power passed to Hafez's son, Bashar, the regime 'developed important new features that consolidated a further "assadisation" of power while posturing with more liberal reforms'.[37] Despite apparent changes in state-society relations – such as the addition of civil society to the Syrian dictionary (*mujtama' madani*) and the creation of bodies such as the Committee for the Revival of Civil Society or the Friends of Civil Society[38] – core power remained within a small circle, increasingly consisting of second generation members of the Assad family. Sunni establishment figures were diminishing in number and remained mainly as token leaders rather than part of the heart of the government's authority.[39] Where Hafez had to a certain extent courted the rural population, Bashar turned away from them, cutting back on social services, projects and support in order to boost the urban economy, which left private charity – predominantly Islamic NGOs – to fill the gap.[40] Between 2006 and

2010, the country suffered a serious drought and the decrease in rural support left many impoverished citizens to migrate to the cities to seek help and work – a situation of dislocation and discontentment that would exacerbate certain dynamics of the civil war.[41] It is significant that the uprising emerged in full force in rural towns like Deraa just as Bashar's crony capitalism had lost him the rural support-base his father had enjoyed.[42]

While Bashar was not wholly resistant to economic and political reform, he has always been 'deeply dependent on the regime he inherited and of which he is a quintessential product'.[43] It is unsurprising, therefore, that Bashar's reaction to the Arab Spring-inspired revolution was very much in line with his father's approach to domestic dissent throughout his time in power.

The 2011 uprising famously began in Deraa in March, when fifteen boys aged between 10 and 15 painted the 'Arab Spring'-inspired slogan '*As-Shaab / Yoreed / Eskaat el nizam*', (The people / want / to topple the regime) on a school wall in their home city.[44] The government took the graffiti as a political statement and as part of a larger existential threat. The regime's secret police responded to the action as they had to insurgents and civilians in Hama in 1982 (and as they would to future rebels). The boys were arrested, detained and tortured for two weeks. But instead of quelling discontent, this act of repression catalysed further demonstrations. The protests for the boys' release expanded rapidly throughout the country – and were also met with brutal repression, including the spraying of bullets and throwing of stun grenades at protesting civilians, the denial of medical assistance to those injured, and further arrests, detentions and torture.[45]

After the Deraa killings, Bashar al-Assad gave several speeches to Parliament in which he offered neither apology nor, initially, any suggestion of reform. In the regime's internal discussions about how to quell the escalating unrest, Bashar's younger brother, Maher, apparently favoured a hard-line response; such a position won out over the possibility of a negotiated settlement.[46] In terms of anticipating the trajectory of the crisis, therefore, the intensification of violence was a clear early tactic of the authoritarian Assad regime as a means to fragment and repress the revolution.[47]

### Civilian ambiguity

It is important to note that ordinary citizens have been – and continue to be – the direct and intended targets of this violence. 'Warring parties', argues Hugo Slim, 'do not see civilians like humanitarian agencies do'.[48] Engaging civilians, he posits, is the very purpose of war, as a critical broader aim of a conflict is either to eradicate a people or 'reduce them to such a degree that they will never pose a significant threat'.[49] And this is partly because everyone's – not just soldiers' – roles and relationships become part of the war in some way.[50]

Women, for instance, are not only sometimes active fighters, they can also have very 'real ideological stakes in war and are sometimes highly effective guardians and activators of militant politics'.[51] The school children of Deraa had, in-part, daubed such slogans on the wall in response to the arrest and interrogation of their female teacher, who had expressed her wish that an Arab-Spring style revolution start in their country.[52] Elsewhere, women have played a central role in the creation and organisation of opposition networks inside Syria (such as the Local Coordination Committees) and have mobilised early protests, borne witness to atrocities, as well as working to offer relief to those in need.[53] Children, too, have marched and chanted alongside revolutionaries like Syrian football star-turned-opposition leader Abdul Baset Al-Sarout, whose initially peaceful and charismatic appearances at public rallies were denounced by the regime and led to him and his supporters being directly targeted, and taking up arms in their turn.[54] The ideological involvement of women and children at these and other such protest marches imbues them with a political ambiguity that muddies the water of their 'innocent' civilian identity in the eyes of the belligerents. And Baset's own transition from non-violent charismatic protester to armed rebel leader is indicative of the path many young adults have followed over the course of the conflict – including the friends of Ahmad mentioned in the opening section.

The point here is not to conflate non-violent protesting actions with violent fighting ones. Nor is it to justify or excuse attacks against these ideologically engaged, politically active and sometimes militarised citizens. Rather, it is to highlight the contradictions and complexities of 'civilian identity' and what constitutes hostile activity and political action in such a situation of revolution and civil war. This fluidity and political ambiguity is partly why civilians are the targets of attacks from the various organised fighting forces – for punishment of protest and dissent as well as for deterrence. As such, and arguably unsurprisingly, from the outset of the Syrian Civil War hospitals and schools have been frequently targeted and destroyed in opposition-held areas under the Syrian Government's strategy of indiscriminate air attacks, which include air munitions and improvised barrel bombs.[55] Opposition insurgents and rebel groups have joined the 'race to the bottom … using car bombs, mortars and rockets' on civilian populations.[56] Explosive weapons in urban areas are reported to account for more than 50 percent of civilian deaths.[57] The predominantly foreign-led, self-proclaimed 'Islamic State' – which entered the Syria conflict publically in 2013 with a policy of Islamic fundamentalism, expansion of territory, and practice of terrorism – controls large swathes of Northeast Syria and has carried out many high profile beheadings, including of aid workers and journalists. Throughout the country, children are being deliberately targeted in kidnappings, torture, conscription, sexual violence, child marriages and enforced labour. Protection in Syria, states Eva Svoboda, seems to be an empty concept.[58] It is at least an ill-understood and poorly

enacted one.

## Protection paralysis

Where current protection strategies fail, it is not in their understanding of who to protect – that is clearly articulated in the Geneva Conventions and International Humanitarian Law (IHL), which state that civilians should be protected from attack 'unless and for such time as they take a direct part in hostilities'.[59] The strategies fail because they do not undertake protection activities in practice. Of course, protection activities do not simply involve the physical shielding of civilians from violence, something which many NGOs are not equipped to do; protection can involve a whole range of actions, from information-gathering and advocacy to the provision of services for victims or the deployment of certain actors as a deterrence measure.[60] Given that, in most contexts of violence against civilians, affected communities do not wait for external assistance – they will flee or seek shelter,[61] or may undertake a range of engagements with fighting forces in order to ensure survival and limit abuse[62] – building early relationships with local communities and strengthening their capacities for self-protection and aid delivery may be a suitable course of action.[63] However, in intrastate conflict settings, humanitarian agencies, by and large, are preoccupied with the delivery of services – an approach that does not account for the relationship between increased mortality and morbidity and the military strategies employed by the fighting parties as the conflict unfolds,[64] let alone the clear historical precedent of authoritarian leaders such as the Assads taking such repressive action in the first place.

One foreign aid manager based in Turkey spoke of her agency's lack of effectiveness as the conflict continued into a second year: '[We were] doing tons of hand-washing promotion [to Syrian refugees and the displaced inside Syria]. There's no evidence that this is needed, wanted or makes a difference. Also, nutrition. We're running a nutrition programme. This is a well-nourished country! ... Syrians want us to advocate for them and don't want to be forgotten'. Also speaking from Turkey, a Syrian medical aid worker noted that 'the UN has been a dinosaur in this situation. They'd rather go by the book than respond to needs', the biggest of which, he noted, are security and protection problems: 'the situation is very difficult for everyone inside. Barrel bombs fall all over our medical facilities and areas of operations ... Advocating to stop barrel bombs, this has to be a priority [for the UN and international community]'.

The choice to prioritise services above other activities, and the decisions regarding how these services are most effectively delivered, are often influenced by organisational and political concerns. Speaking out early to condemn atrocities committed against civilians by their government and opposition forces is a difficult decision for humanitarian actors to take, as such advocacy can have negative consequences – not least, denial of access.[65] Given the Assad regime's history (under both Hafez and Bashar) of tight media control and the violent crushing of popular dissent, it is possible that the government would have perceived strong international condemnation of reported regime attacks on civilians early on in the conflict as a direct threat to domestic military and security goals, which may have resulted, in the short term, in what Labonte and Edgerton label 'deterrent access denial'.[66] Taking this approach, state authorities intensify hostilities and further deter humanitarian actors through implementing burdensome bureaucratic measures and sanctions.[67] This assumption would not have been entirely unfounded, given Assad's early proclamations blaming foreign interference for the war even as he escalated violence against the population.[68] Such an outcome would not only present the risk of barriers and access restrictions, but also jeopardise the physical security that aid workers require in the field.

Additionally, the predominant emphasis on services has been exacerbated by the UN's decision to work with the Assad regime rather than foster a space and dialogue for genuine protection action, including advocacy and the condemnation of breaches in international humanitarian law. Apparently bound by the principle of national sovereignty set out in its charter, and due to pressure from members of the Security Council – especially Russia and China – the UN has continued to recognise and engage with Bashar al-Assad as Syria's legitimate head of state, and has limited its condemnation of regime attacks on civilians, particularly in the first years of the conflict.[69] Russia and China have used their veto powers on four separate occasions 'to block action in response to mass atrocity crimes in Syria, including ... [a] draft resolution that would have referred the Syrian situation to the International Criminal Court' for, among other acts, the use of chemical weapons by the government on its people.[70] Such a political impasse has resulted in the lowest common denominator being the only feasible response to humanitarian need at the Security Council level, the only 'effective' approach to achieving consensus: namely, the delivery of aid and services such as food and health. And this impasse has had a trickle-down obstructive effect, as the UN's humanitarian agencies are bound by the same charter.

OCHA, for instance, established its main operating base for its response in Damascus, and works with the Syrian government to deliver aid inside the country through government-registered agencies, particularly the Syrian Arab Red Crescent (SARC). Civilians in areas under siege are numbered between 400,000 to 800,000[71] (at least half of whom are besieged by government forces), with a total of around 4.5 million declared 'hard to reach'.[72] To deliver aid to these communities, OCHA requires permission from the government, which it seeks and rarely receives. As a result, in the first eight months of 2015, UN agencies were only able to reach an average of 4% of people in besieged areas across the country.[73] Moreover, a recent analysis by Annie

Sparrow accuses the UN of being actively complicit in Syrian government attempts to 'sanitise' reports documenting need and suffering. According to Sparrow, OCHA's recent Humanitarian Response Plan for Syria – drafted in consultation with the Syrian government – 'minimises the magnitude of unmet needs by redefining the meaning of protection to exclude civilians as the object of attack and by removing key elements, such as the demining of unexploded ordnance'.[74]

Concerns over whether the United Nations is too political to respond impartially to an intrastate humanitarian crisis, and too invested in the protection of states above civilians, are certainly not new. Ingram wrote almost 25 years ago that, 'Even if acting impartially, the parties [involved in a conflict and humanitarian response] will tend to see the UN as having goals that go beyond saving lives and that threaten their interests. The United Nations is above all an organisation of states, and even its humanitarian agencies are not apolitical'.[75]

The consequences of that compromised position have been seen before the crisis in Syria. Between 2006 and 2009, for instance, Sri Lanka was embroiled in the culmination of a long and bloody civil war, in which the Sri Lankan government and rebel Liberation Tigers of Tamil Eelam (LTTE) undertook extensive attacks on civilians and civilian infrastructure – as well as providing woeful levels of food and medical supplies to affected communities – all as part of a deliberate fighting strategy.[76] Humanitarian organisations were expelled from the main conflict region of the Vanni in 2008, actions that were met with virtual silence by the international community, particularly at the level of the UN Security Council; all of which created an impression of impunity for the Sri Lankan government and LTTE.[77] Subsequent analyses have noted that in this crisis, international humanitarian organisations displayed a lack of coordination, effective communication, and forceful advocacy on behalf of affected Sri Lankan civilians. As a result, communities lost confidence and trust in humanitarian organisations' abilities, and desire, to help. Moreover, it is now acknowledged that the Sri Lankan government successfully manipulated the 'War on Terror' narrative to its advantage, using the terrorism designation as a justification for severe domestic restrictions and violent retribution.[78] This familiar arc was traced by Bashar al-Assad, just a year into the Syria conflict, when he demanded that the 'terrorism' of opposition action stop before he would accept any kind of peace plan, and with Syria's close ally, Russia, bombing more moderate rebel groups and destroying civilian infrastructure from the air, under the guise of attacking the terrorist group Islamic State (IS).[79]

Of course, it is wrong to place responsibility for preventing and/or stopping these wars at the feet of humanitarians. But there is an early role for humanitarian organisations to play in forcefully advocating for the protection of civilians, and also in the early coordination of emergency relief resources with those best placed on the ground to gather information necessary for assessing needs, to gather material for advocacy, and to deliver aid itself. Most of the major INGOs have certainly approached this responsibility in earnest, exploring diverse avenues for advocacy impact – from the co-authored 'Failing Syria' report condemning the failure of the UN and states in this crisis, to engagement with Russian experts in order to ascertain possibilities for direct advocacy influence. However, beyond the political stalemate exacerbated by the disposition of the UN, many INGOs in Syria have also been criticised for not maximising opportunities; for struggling to develop 'a coherent response' and for frequently 'missing the opportunity to work with diaspora and local groups' on the ground.[80] Local organisations, often staffed by highly educated and professional Syrians – medics, engineers, teachers, 'citizen journalists'[81] and so on – have consistently maintained the best access to affected communities inside the country and, as witnesses to the unfolding conflict, have offered the best source of real-time advocacy material on war crimes committed in the field.[82] Certainly, in situations where attacks against civilians constitute the primary causes of mortality and morbidity, information gathering for protection action is an essential part of the humanitarian toolkit, *alongside* negotiating access and service delivery. Thus, the question arises, was there the possibility of undertaking alternative or enhanced protection and relief activity through the early supporting of Syrian community self-protection and relief-mobilisation efforts? Five years into the conflict, much of the current literature suggests that broader investment in community engagement and partnerships is the way forward.[83] Indeed, it is a call for change that has been echoed in various analyses throughout the sector for several decades.[84] The reality, however, is that some fundamental institutional and bureaucratic issues need to be addressed before any real change can take place.

## Inflexible Institutions and a Divided Response

No single humanitarian organisation, posits Michiel Hofman, can carry the weight of assistance on its own. They 'all provide a piece of the overall aid effort, creating a large degree of interdependence. So when a large part of this aid system [such as the UN] has to opt out of engagement with NSAGs [non-state armed groups] for political reasons, the system collapses'.[85] In the case of Syria, at least, the result was not total collapse but fragmentation – the UN's decision to continue working with the regime in Damascus left many international and local NGOs and diaspora groups feeling as though delivering aid via the UN and SARC (seen as closely connected to, and influenced by, the regime)[86] compromised their ability to deliver aid and services in response to need alone, as well as their neutrality and safety – or at the very least the

appearance of their neutrality in the eyes of local communities, gatekeepers to rebel-held territories, and partner organisations. In several interviews, aid workers expressed the feeling that the provision, or withholding, of aid was often used by the government through SARC to encourage allegiance and discourage subversion. One even went as far as to declare that the government was waging war by starvation in certain besieged areas, including Yarmouk – a criticism that resonates today with the recent coverage of the siege of Madaya, a town of an estimated 393,700 people, a number of whom are reported to have died from starvation during the siege.[87] Consequently, from 2012 onwards, some of the largest INGOs responding to the conflict – including Save the Children, World Vision, MercyCorp, the International Rescue Committee and the Norwegian Refugee Council – established bases of operation from Amman, Jordan (into southern Syria), and Antakya, Gaziantep and Kilis in Turkey (into northern Syria). Some organisations also began covert cross-border operations from Lebanon into the West of the country. From the North, INGOs and national NGOs were, in the first years, able to operate a foreign presence inside Syria, but since concerns over the security of foreign aid workers in rebel-held areas peaked in response to several high-profile attacks on staff, most non-Syrian NGOs have kept their country offices and foreign staff presence across the borders of neighbouring countries. In the absence of official Syria-wide coordination by OCHA until late 2014, each regional hub of INGOs operated its own coordination system, dividing responsibilities along geographical lines and using these mechanisms to share information and coordinate activity.

On the surface, this *modus operandi* appears an effective way of managing a very complex and dispersed humanitarian situation. However, this fractured approach had several serious limitations, not least an exacerbation of mistrust, which in many cases can be traced back to earlier failures in broader engagement with affected communities resulting from a poor understanding of the on-the-ground realities of an intrastate conflict, bureaucratic constraints, and concerns over security.

Firstly, coordination of activities and information only occurred within the regional clusters, not across them. One aid worker based in Jordan suggested that this was due to the absence of a systematic mechanism for sharing information; another, also based in Jordan, explained it as partly due to a territoriality over information, funds and operations that exists between various programme managers in the neighbouring countries. Whatever the case – and it is likely a product of a multitude of factors – this situation was compounded by communities' lack of trust and security concerns in dealing with any humanitarian actors operating in Damascus, including the UN and INGOs such as Oxfam. Interviewees – particularly Syrian staff – situated in these regional hubs frequently expressed concerns that information shared with agencies and the UN in Damascus would reach Assad's government and

be exploited by the regime, putting operations and individuals at risk.

Further complicating this coordination, organisations running cross-border operations from Lebanon have been dependent on secrecy, acting as they do without formal permission from the host Lebanese government. These organisations would see not only their operations placed in jeopardy should logistical and personal information be shared too widely, but their foreign staff visas and entire ability to operate in the country. In this situation, information gathering, analytical capacity and information sharing across countries about the situation inside Syria have been limited and/or de-prioritised. Added to this, the 2014 'Whole of Syria' initiative championed by the UN[88] – which, two years after UNSC Resolutions 2165, 2139 and 2191, moved to activate OCHA-led clusters from the neighbouring countries – presents a complicated web of competing information channels ill-suited to keeping abreast of rapidly changing humanitarian needs on the ground. As one INGO manager based in Turkey stated: 'The Whole of Syria approach is another example of aid ineffectiveness. [It has] just added to the bureaucracy. I understand the need for a bigger picture but it's just the way they've gone about it that has been very ineffective. Evidence comes from the bottom and goes to the top. Whole of Syria is very donor-driven [top-down] and time consuming'.

A second limitation is that the coordination of activities and sharing of information, where it occurred within these regional hubs, tended to privilege certain types of actors as more legitimate sources of information and partners in action. A foreign aid worker based in southern Turkey in 2014 recalled a situation in which Syrian partners were repeatedly warning that a certain area inside the country was unsafe for continuing operations in the short term, but the INGO, preferring to use its own separate security analysis, continued distributing in the area – only to narrowly avoid barrel bombings in the following days. There was, she recalled, very little confidence placed in Syrian staff as trustworthy sources of security information, even though, she reflected, 'they knew the area so much better'. Another aid worker, a Syrian NGO (SNGO) manager based in Turkey, recalled a situation where 'an INGO sent a truck of aid into Syria when we told them not to and the truck got confiscated'. 'There are some things that are easy to predict on the ground', she continued: 'Syrians can tell you this. But INGOs have no trigger for this'. A recent study by Refugees International supports these assertions, finding that local groups have ground assessments readily available, but that these are often 'not taken seriously'.[89]

Over-cautiousness is also evident in the strategies many INGOs used to select their partner Syrian organisations for direct implementation inside the country. Particularly in the early years, links were primarily made through pre-existing contacts or with Syrian organisations known within the INGO community that had passed early vetting procedures and were used by multiples agencies – in other words, known and familiar networks.[90] While the quality of those known

agencies may have been high, the selection was small and this highly selective process not only put pressure on the small pool trusted to undertake activities in such a large crisis, but as a practice it also underlines the risk-mitigation approach of many international organisations when visibility on the ground for foreign workers is so limited.

Moreover, the INGO cluster system established in Turkey was primarily attended by INGO representatives – there were very few Syrian organisations with a seat at the table, particularly in the first years of the conflict.[91] This was due to the limited staff capacity of Syrian NGOs and their general inability to spare a staff member to attend, as well as, often, the incomprehensibility of the meetings' jargon-laden discussions[92] – a result, SNGO interviewees felt, of inadequate capacity development and investment in administration and staff costs from donors (a subject to which this paper will turn shortly). As one foreign aid advocacy manager in Jordan explained:

> We failed to engage with local actors ... Humanitarian needs overviews are not being translated to Arabic, there is little engagement with diaspora groups. There is a lack of information and coordination ... [And with the] Whole of Syria approach – Syrian organisations are not sharing their information [because] they are not trusting the system. 'Whole of Syria' won't be able to deal with the mistrust. But in theory the system will be put in place. There are four years of distrust between Syria and actors.

Thus, those with the largest field presence and best ground visibility – Syrians – have not been trusted sources of information from an operational standpoint, and the needs assessments from the UN and INGOs, across their various sites of operation, have neither been fully triangulated across the region, nor translated into Arabic for Syrian staff and organisational oversight at the field level. The result has been a marked lack of effective communication – particularly in the first years, between field and headquarter operations – of reliable, up-to-date information on which to base collective advocacy, and an undermining of the role that Syrian staff and organisations might play in determining suitable and effective operations.

However, these issues of operational division, ineffective coordination, and mistrust have been less a cause of ineffective humanitarian information gathering, protection advocacy and assistance, than a symptom. Key causes of this trust deficit, and of ineffective action, are two interconnected political and bureaucratic realities: concerns over organisational risk following the growing hold of the terrorism narrative on perceptions of this humanitarian crisis, and the ineffective development of partnerships with Syrian actors.

## Countering terrorism, preventing partnerships

The impact of counter-terrorism legislation (CTL) on operations inside Syria is well documented.[93] The relatively recent moves by key donor states, such as the US and UK, to tighten their legislation against support for terrorist activity abroad has resulted in a roll-back of humanitarian action. Humanitarian organisations, particularly those with bases in countries with stringent CTL, have been forced either to limit the scope and reach of their actions – often to the detriment of intended beneficiaries[94] – so as to avoid potential legal repercussions, or to undertake more covert operations – such as the cash-carry across Lebanon's border – tightening the circle within which they share information –[95] essentially, a 'don't ask, don't tell' approach.[96] The latter is less a conscious attempt to mask illicit engagement with potential terrorist groups – each NGO interviewed as part of this research works very carefully to avoid feeding into terrorist activity – but rather it is driven by an understandable concern that even though they are distributing aid through remote management as diligently as they perceive possible in this situation, CTL outlines such broad definitions of support for terrorism that basic humanitarian acts recognised by IHL – such as providing impartial medical care to an injured person – may be considered a criminal act if the patient happens to be member of a terrorist-designated group.[97] Not only is this legislation disproportionately affecting the operations of independent Islamic organisations – many of which are seeing funding decreases and bank transaction freezes[98] – it is also exacerbating the environment of mistrust around individual Syrian humanitarian actors as partners for non-Islamic INGOs, actors who are, paradoxically, both the key to humanitarian access and, because of that access, falling under suspicion regarding their loyalties.

While no CTL prohibits contact with a terrorist or non-state armed group for humanitarian purposes,[99] the on-the-ground reality in Syria and other such complex crises is that non-state armed groups are not wholly separate from the communities living under their influence. They often emerge from, and are embedded within, these communities, to which Syrian humanitarian actors also belong.[100] In many ways these linkages are vital to the success of a humanitarian operation inside the country: Syrian aid workers are able to negotiate access to an armed opposition- or terrorist-controlled area precisely because they either were or are a part of key trust networks or a certain community – or they at least share a sense of what community means in that cultural context. Oliver Walton explains that local groups and communities have often developed highly effective strategies for dealing with authoritarian regimes and other armed forces, which are built on a detailed and sophisticated knowledge of the threats they face – something 'that is difficult for international actors to replicate'.[101] And, of course, these aid workers speak Syrian Arabic and have themselves been affected by the conflict, thus enabling a certain

amount of humanitarian empathy on both sides. As one Syrian worker of an NGO with multiple bases in and outside Syria noted, 'the opposition groups are happy that we are delivering aid in their areas. Not happy as in they want us to give them aid. For the opposition groups aid does not mean so much to them, but it's important for the communities'. 'The basic challenge', they continued, is not access through opposition groups, but the threat of the regime's barrel bombs, as 'aid workers are not protected [and] need safe corridors for civilians and staff'. Another SNGO aid worker, operating from Turkey, stated that she could not recall any problems her organisation had experienced in accessing affected areas under the control of armed opposition groups, including proscribed groups such as Jabhat al-Nusra. 'Hard to reach?' questioned yet another SNGO worker based in Lebanon, 'what is that? They [foreign aid workers] mean hard to reach for them'.

The flip-side of that real or perceived shared community and the relative ease of negotiation that SNGO actors enjoy with certain NSAGs and terrorist groups is suspicion and concern by remote managers in INGOs over the misappropriation of humanitarian goods inside the country as a result of these close ties. Such misappropriation could render an organisation complicit in aiding terrorist groups under CTL. The suspicion is tacit rather than explicit; it arises from three key factors: the aforementioned ambiguity of Syrians in a context of civil war where they *may* have political sympathies for a given side, quite independently of their work for humanitarian organisations; the confusing and rapidly changing context of NSAG allegiances, which inject negotiations and operations with uncertainty and instability; and the preoccupation of the international community with the terrorising actions of Islamic State.

## The (in)security culture of INGOs

There are hundreds of armed groups operating inside Syria, with operational allegiances forming between different ideological factions as they seek short-term gains in unfolding battles over longer-term strategic advantage. For instance, despite being ideologically opposed in broader terms, the FSA, a more moderate grouping supported at one stage by the UK, has coordinated with the Islamic Front, a hardline Salafist coalition reportedly funded by Saudi Arabia[102] – and with Jabhat Al-Nusra, an al-Qaeda-affiliated organisation – in order to force Islamic State from Northwest Syria in 2013.[103] Although ostensibly a military threat to the Syrian Government, the presence of  in Syria has actually been a *strategic asset* to the regime, as international concern over the terrorist group has shifted the perception of the conflict away from that of a population rising up against its government, towards that of the same government fighting terrorists. Indeed, anecdotal comments from

interviewees suggest collaboration between the two forces. This complicated and volatile reality is forcing Syrian humanitarians operating inside the country to be pragmatic in order to gain access to populations and deliver aid. One SNGO aid worker noted the reality of managing expectations of neutrality and impartiality between the remote headquarters and the field:

> When working on the ground, [neutrality] is not the reality. [You] can only work with both sides of the conflict as part of the Syrian population, but not as [external] actors ... The work is complicated enough to manage a degree of impartiality inside [the country], let alone deal with it on the outside ... The funny thing is to try and censor politics after the fact.

This is not a case of partisan politics influencing the delivery of humanitarian services, which would be incompatible with humanitarian principles, but of a humanitarian identity complicated by the civilian ambiguity noted earlier in the paper. The reality is that these Syrian aid workers have – by virtue of their nationality and personal connections to affected populations and places inside the country – roles and relationships that are unavoidably connected to the civil war in some way.

Privately held political views are not problematic in and of themselves, as long as they do not influence choices in action, but what this dynamic creates for INGOs, and their remote managers in particular, is a tension in accountability to donors, as the SNGO field-need for pragmatic and flexible action can be incompatible with donor-sanctioned operating norms, rules of engagement, and reporting requirements. For instance, purchases and the transportation of aid goods inside the country cannot always be accounted for with receipts and invoices, due to the reluctance on the part of drivers to commit their efforts and names to paper.[104] This disrupts the required audit trail for donor accounting. As another example, one Syrian aid worker who coordinates a secret network of lawyers inside the country explained that their lives are at such risk due to their anti-regime activist legal work that he does not reveal their identities to anyone – not even to other lawyers in the network; the donor organisations paying the lawyers' salaries therefore have to place a lot of trust in him and his organisation. This often necessary secrecy puts donors and organisations working remotely at risk of contravening CTL. In a risk-averse humanitarian system that requires a paper trail of action and the transparent deployment of checks and balances,[105] the possibility alone of contravening CTL is enough for INGOs to self-police and to reduce operations to conservative, piecemeal and short-term assistance – or even to cut assistance altogether. 'Anti-terrorism legislation', stated one INGO country director, 'is the antithesis of good practice'.

This concern is particularly deep when it comes to dealings with Islamic State. In the words of a foreign INGO worker based in Jordan, 'nobody can operate in IS-held areas due to fears over counter-terrorism legislation. It is possible to work around it, but that creates a divide between accountability mechanisms coming from on high and country office operations. Something considered minor in the field might have broad implications up high'. IS looms very large in the minds of actors designing aid programmes for inside Syria, with damaging effects for partnership development. 'Donors look at the caliphate map as dictating the response. The regional approach is inherently top down. It is all informed by the caliphate state', declared an OCHA official. A medical doctor from a diaspora organisation operating in a neighbouring country confirmed as much, as he explained one reason his organisation was pulling out of certain IS-controlled areas:

> Work in Al-Raqqah is much easier than Deir ez-Zor [two IS-controlled regions at the time of interview] but we can't guarantee the organisation's safety in the international community ... Record [keeping] and channels are difficult. There is insufficient reporting and we have obligations towards donors. [In these areas] money must be channeled through IS.

Here, accountability to donors took precedence over meeting needs on the ground; effectiveness was understood in terms of compliance. Of course, concerns over personal security in IS-controlled areas are very well founded, as the group has undertaken many high-profile kidnappings and executions of aid workers, Syrian and foreign, over the last few years. This has certainly influenced the decisions of foreign organisations not to engage with the group. However, the rationale for such decisions in this context must also be connected to the related preoccupation of both international media and Western governments' with IS terrorist activities and the tightening of CTL.

It is important to note that the challenge of engagement with militant groups that have attacked aid workers is not a new one – humanitarian aid agencies have come up against similar challenges in Somalia, with Al-Shabab, and in Afghanistan with the Taliban.[106] Experiences in these situations have shown that success in delivering aid to affected populations through remote management comes from early communication with the groups and trust-building using local partners and community networks that have links to individuals on the inside of the militant groups.[107] Although early relationship-building would have been difficult with IS, which arose in an area of Iraq that had been off-limits to foreign agencies for a long time previously, the group has been accepting small amounts of aid from select partners through careful negotiation. This suggests that such relationship-building is not

impossible, and that the group 'is not completely indifferent to the suffering of civilians under its control'.[108] And of course, there are many other rebel groups operating inside Syria to which access has not been so restricted and with which negotiations have occurred, even though these groups may have potential connections to proscribed groups.

However, depictions of IS's arbitrary ruthlessness and terrorism have come to dominate in the wider international imagination, resulting in a turn by powerful governments – who are also the largest donors to the response to the crisis – towards military engagement at the expense of opening space for negotiation. This is not without precedent either. Liam Mahoney, looking at protection strategies and conflict reduction in the protracted crisis that has engulfed the Democratic Republic of the Congo (DRC) in recent decades, notes that: '[t]he potential protection or conflict-ending impact of armed force tends to be greatly overestimated. The presumption that a gun can only be met with a gun is incredibly strong'.[109] The difficulty facing humanitarians in such a context is that the governments embracing military solutions while simultaneously enhancing CTL are also often key donors, and so pre-emptive action is often undertaken by humanitarian agencies wanting to avoid organisational risks, such as loss of funds, or charges under CTL.[110] As a result, effective action is understood as a withdrawal from IS regions and other areas controlled by proscribed groups, and therefore away from populations living within those boundaries.

Such self-policing and pre-emptive withdrawal has created a humanitarian aid and protection vacuum in certain areas of Syria where there is dire need. With no local partners negotiating access and maintaining presence on the ground in IS-controlled areas, there is not only a lack of humanitarian assistance flowing in, there is also a lack of information about the situation for civilians flowing out. This silence prevents protection advocacy on behalf of the population, and contributes to the perception that the group is the primary threat in the country and must be dealt with militarily, to the detriment of political solutions such as stronger advocacy against impunity – which ultimately strengthens the hand of political actors, such as Assad and Russia, who are seeking to instrumentalise the war for their own strategic gains, with the former seeking survive in power, and the latter seeking to support Assad and discredit challenges to its own authority domestically and abroad.[111]

Moreover, the securitisation of aid in the climate of fear surrounding CTL has resulted in an intensification of concern over the political sympathies and interests of Syrian partners, which is impinging on the development of partnerships and all organisations' abilities to deliver aid elsewhere in NSAG controlled areas. As one OCHA official in Jordan explained, the amount of aid required for displaced and affected populations inside Syria is difficult to enumerate, partly because there is 'no [on-the-ground] evidence coming from disinterested parties'. Another aid official, an INGO worker also in Jordan,

noted that due to the 'alignment' of many Syrian actors, 'it is difficult to explain impartiality' to Syrian humanitarians. A third, based in Turkey, noted that 'it is a challenge to find local staff who put principles before politics'. It is difficult to measure how the concerns over the political sympathies of Syrian staff directly affect working relationships and decisions over how to approach partnerships or programming; the initial focus on developing partnerships with 'known and familiar' SNGOs may have been a manifestation of these concerns, so too the dismissal of field security observations by Syrian staff members.

The key problem here is that the humanitarian system's technical approach to partnership development and capacity building[112] does not require foreign humanitarian organisations or individuals to challenge those mistrustful and securitised perceptions at the outset, or even to consider the extent to which political sympathies enable, inhibit, or make no difference to fieldwork in the first place. In the early phases of any civil war where the existence of NGOs or an independent civil society is limited – commonly observed to be the case of pre-2011 Syria[113] – the default position of the international humanitarian community is to assume that foreign-led relief activities are, at least initially, the most effective, by virtue of their organised character, with human and material resources immediately deployable, missions led by trained experts, adherence to internationally agreed standards, and the principles of impartiality and neutrality – all supposedly existing apart from the local and national politics fuelling the conflict.[114] The concomitant assumption is that locals will be embroiled in emerging events – often either as victims or perpetrators – and lack the necessary skills or experience to respond in line with established best practice, but that over time they can become trained aid workers and effective partner organisations through the process of capacity-building. While it may be true that certain practices, standards and norms are not known to embryonic local groups, communities and individuals, this process of partnership development often risks ignoring affected community agency and overlooking local priorities.[115] However, it has also become a distancing tool, used, unconsciously, to keep local partners at arm's length as a means of avoiding security and legal risk for their international managers and funders. Follow-up from training sessions, ongoing mentoring, and longer-term discussions with point-people, for instance, rarely take place.[116] Thus the concerns of foreign aid managers that Syrian partners and aid workers have political positions that affect their ability to do the work, cannot understand the principles of neutrality or, at worst, have ulterior motives for the aid, often remain unchallenged.

This distancing is certainly not the result of malicious intent or conscious condescension – for decades humanitarians the world over have expressed the desire and need for building local capacity in emergency and post-emergency settings.[117] It is driven by institutional pressures and constraints, not least those of time and the structure of emergency deployments for staff, who are

'[o]ften young, overworked, operating in high-stress situations, and subject to sudden reassignment … [F]ew are equipped or mandated to gain a deep understanding of communities in conflict … In short, their capacity to build capacity is limited'. And of course this approach has a significant impact on understandings of effectiveness in the field.

Organisational and personal risk is thus passed in one direction: away from donors and INGOs and towards SNGOs operating on the ground. SNGOs in this instance have become contractors and service deliverers rather than mutually accountable partners with shared ownership of programmes.[118] Many SNGOs have consequently found themselves competing for short-term grants that not only offer limited sustainability for projects, but also offer little or no cover for administration and salary costs – thereby causing these organisations to absorb the expenses themselves and stagnate or go bust.[119] Other SNGOs are prevented from even receiving the grants in the first place, so strong is the necessity that a Syrian partner look, sound and operate like an INGO in order to mitigate the risk of aid misappropriation. In other words, the partner must already be a recognisable part of a system that builds trust upon a foundation of established 'best practice' checks and balances.[120] One Syrian interviewee in Lebanon noted that part of the strength of their partnership with a particular INGO – and the fact that they have several partnerships with different INGOs – was that 'after four years we learned how to speak [their] language'. Effectiveness has come to be, somewhat cynically, understood as isomorphism – a need to mimic their international partners. A recent social media campaign spearheaded by Syrian civil society actors under the Twitter hashtag #That's_what_the_donor_wants uses sarcastic humour to poke fun at these hierarchical relationships.[121] 'I should start English classes #That's_what_the_donor_wants', remarks one of the posts. Another dryly jests:

> – Hajj, there's a donor at the door. – Hurry up, remove this prayer rug, and hand me my shorts and t-shirt, and if they ask you, you tell them this is a prayer room for all different religions, and switch the Quran channel to Rotana Music.
>
> – But… why all this?
>
> – #That's_what_the_donor_wants.

These comments and experiences point to a fundamental disconnect in understandings of trust and effectiveness between international humanitarian organisations and local Syrian partners. Where local aid workers rely on interpersonal networks and trusted connections inside the country to navigate the volatile conflict dynamics and negotiate and gain access to affected populations, international actors do not require such face-to-face engagements

and can be wary of personal networks as they manage remotely, thus relying instead on systems of checks and balances that require diligent reporting.[122] On a partnership level, interviews and wider research suggest that this process-focussed approach to trust erodes confidence of local aid workers in the international community's commitment to building the effective interpersonal relationships required for tackling the main humanitarian issues.[123] And another impact of an approach based largely on checks and balances has been the self-censorship of certain information by local aid actors who fear losing the funding and support from international agencies that they *do* have.[124] This further diminishes the information coming from inside the country about protection failings and human rights violations, which is so vital to improving the effectiveness of the response.

The impact of the contracting culture on overall humanitarian effectiveness is difficult to fully appreciate in the Syrian context at the moment, not least due to the limited information coming from the field. However, what does seem apparent from this research is that the relative lack of familiarity of Syrian national staff to the international humanitarian system – and their perceived political ambiguity in this context – have been understood as untrustworthy – something undoubtedly exacerbated by the risk-averse culture that has developed in international organisations operating in volatile conflicts since the War on Terror narrative and the threat of CTL fostered a 'chilling' effect throughout the aid community. Moreover, the contracting culture in this environment – particularly of early INGO-SNGO relationships – and related risk displacement from the top downwards, seems to have inhibited context-sensitive and relationship-focussed functioning between INGOs and SNGOs. Service delivery has remained unchallenged as the dominant form of perceived effective action, and Syrian aid actors have increasingly come to understand humanitarian effectiveness as conformity to a system – one that builds certain groups' capacities (those in known and familiar networks) in certain ways (through training sessions) – as the means of acquiring funding to undertake humanitarian activities. As a result, conflict-affected populations throughout Syria – in IS-held areas, other NSAG-held areas, and government-besieged areas – have suffered from a variety of ineffective aid dispersals. Short-term SNGO contracts, which focus heavily on services and distributions, have either not met the most pressing needs – such as protection – or have created severe food-basket dependency for vast swathes of affected populations inside the country.[125] A lack of investment by INGOs in developing long-term partnerships with a diverse range of groups has resulted in an incomplete patchwork of information on need coming from the field, which has prevented more comprehensive needs assessments for affected populations. This has been compounded by an unwillingness of INGOs to share the incomplete information they do have among each other and across the region, partly due to concerns over the sensitivity of the information, partly due to a lack of a suitable platform, and partly due to a fear of compromising themselves under CTL. All of this is ultimately leading to a dearth in collated and verified information and evidence of the vast humanitarian need and human rights abuses occurring throughout the course of this war – a dearth that is not only weakening the humanitarian case for aid, it is also limiting international protection advocacy (i.e. weakening the the pressure on the international community to take notice of internationally-recognised crimes they are obliged to condemn and respond to under IHL and international human rights law). In this sense, it seems, the aid system created some of its own obstacles to evidence gathering and improving humanitarian aid for the affected communities, alongside the obvious constraints of the insecure context.

## Conclusion

Many of these issues are not new; the effects of political stalemate had been seen in Sri Lanka, concerns over aid diversion had been present in Afghanistan and Somalia, and a militarisation of approach seen in the DRC. Moreover, a rapid escalation of violence was to a certain extent predictable in light of modern Syrian history. This suggests a systemic lack of capability for, or prioritisation of, independent analysis of the wider historical, political and security context from the outset of an intrastate conflict. In the case of Syria, the necessary assessments – as to whether the government would be committed to civilian protection, regardless of its policy pronouncements; and of what a population might value and require in a humanitarian response, particularly in terms of working as humanitarian responders themselves, alongside international actors – were not made.[126] The former is vital for anticipating the trajectory of an evolving crisis and what key future needs – i.e. protection – may arise; the latter provides an important foundational source of information for early international-national-local partnership-building, and can highlight principles that are integral to positive and mutually beneficial working relationships among all aid actors – i.e. trust, a perceived lack of which runs through the core of criticisms over the effectiveness of this response).

In the heat of a conflict, there is a pressure to act immediately in order to save lives, typically using pre-existing 'best practice' templates of what will work as quickly and efficiently as possible, such as through the delivery of services to those affected. In some instances this means working with established institutions like the government and the SARC, in others through informal clusters set up along the border. But the haste, without broader contextualisation, deeper horizontal coordination, and capacity-building framed around mutual needs in partnership, can result in missteps – and some response mechanisms, once set in motion, are hard to undo. In civil war

contexts, humanitarians must move beyond the reactive 'life-saving' paradigm and analyse what and who are (or will be) the main causes of injury and loss of life. This requires a much broader assessment of the context than is currently usual. Such an analysis in this case may not only have identified the high likelihood of a rapid and intense escalation of violence against civilians early on in the uprising, it would also have shown protection to be the single biggest humanitarian concern. Effective protection cannot be undertaken without early and extensive investment in partnerships with local actors – activities which should go beyond technical capacity-building and should focus on trust-building, bringing in shared advocacy agendas, as well as looking at individual and community protection strategies.[127] This action, given civilian ambiguity and the negotiations local humanitarians have to undertake on the ground in civil war contexts, simply cannot ignore the 'political', and requires understandings of 'trust' in international-local humanitarian engagements to move beyond the current technocratic paradigm.

# ENDNOTES

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2. The content of this report does not reflect the opinion of Save the Children UK. Responsibility for the information and views expressed in the report lies entirely with the author. Research for this field study was undertaken in Jordan, Lebanon and Turkey in April-May 2015. A total of 47 semi-structured interviews, one inter-agency meeting, and general observations were undertaken with: international non-governmental organisation (INGO) staff in London; staff from INGOs in Jordan, Lebanon and Turkey; diaspora NGOs and Syrian NGOs operating in Lebanon and Turkey; academics and researchers in various locations; and individuals affected by the crisis. Research participants overwhelmingly identified protection – or lack thereof – as the key issue impeding effective humanitarian action more broadly, and differing approaches to, and understandings of, partnerships as contributing to day-to-day limitations and challenges in aid delivery. As a result, these are the key themes focussed on here. It is important to note at this juncture that the scope and timescale of the field study have resulted in a specific focus on these issues from the perspective of humanitarian actors operating inside Syria across borders from the field research locations of Jordan, Lebanon and Turkey. There is much to be said, and much analysis to be done, on understandings of effectiveness as they have been impacted by humanitarian operations from Damascus but – although these will be touched upon in the analysis – they will not form a central theme of interrogation. Nor will the related, and equally challenging if not programmatically distinct, Syrian refugee crisis feature as a focus of this analysis. This is not only for reasons of space limitation and the fact that these issues are receiving increasing attention elsewhere, but also because there is a need for a targeted, critical analysis of all of the specific issues that contribute to a greater and more comprehensive picture. As this field research engaged with individuals in Jordan, Lebanon and Turkey, who in turn raised concerns about protection and partnerships, it seemed logical to direct focus and unpack these themes in relation to the Syrian and wider humanitarian context.

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With increased focus on results in the humanitarian sector over the last 20 years, effectiveness has been understood as 'doing what works' as efficiently as possible. Significant energy and resources have been invested in technocratic measures to improve effectiveness of humanitarian action through strengthening accountability, developing technical proficiency, building an objective evidence base, and achieving greater value for money. But whose understanding of effectiveness has this been built on and how closely does it reflect the understandings of people for whom humanitarian action is enacted?

*Essays on Humanitarian Effectiveness* analyses the impact of context on understandings of and approaches to effectiveness. The five essays in the collection present stories of how effectiveness has been constructed, discussed, operationalised, or even imposed in different contexts (in Liberia, Niger, the Philippines, South Asia and the Syria region), based on research across nine countries.

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